

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H40784 (1)

1. Corporation Name

C & J HOMEBUILDERS, INC.

Principal Place of Business

95 LANG ROAD
FT. WALTON BEACH FL 32547-3162

Mailing Address

95 LANG ROAD
FT. WALTON BEACH FL 32547-3162



3. Date Incorporated or Qualified

02/01/1985

3a. Date of Last Report

04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 2250 B Highway 98

26 2250 B Highway 98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2489019

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

22 City & State

23 Mary Esther, Florida

27 City & State

28 Mary Esther, Florida

24 Zip

32569

25 Country

Okaloosa

29 Zip

32569

30 Country

Okaloosa

9. Name and Address of Current Registered Agent

RICHBURG, PATRICIA L.
95 LANG ROAD
FT WALTON BEACH, 32547

10. Name and Address of New Registered Agent

81 Name

Patricia L. Richburg

82 Street Address (P.O. Box Number is Not Acceptable)

443 Sandy Ridge Circle

83

84 City

Mary Esther, Florida

FL

85 Zip Code

32569

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Patricia L. Richburg

PATRICIA L. Richburg Secretary

3/7/96

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME RICHBURG, CHARLES B
STREET ADDRESS 443 SANDY RIDGE CIRCLE
CITY-ST-ZIP MARY ESTHER FL
☐ DELETE

TITLE VP
NAME RICHBURG, PETER J
STREET ADDRESS 457 SANDY RIDGE CIRCLE
CITY-ST-ZIP MARY ESTHER FL
☐ DELETE

TITLE SD
NAME RICHBURG, PATRICIA L.
STREET ADDRESS 95 LANG ROAD
CITY-ST-ZIP FT. WALTON BEACH FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE SD
3.2 NAME Richburg, Patricia L.
3.3 STREET ADDRESS 443 Sandy Ridge Circle
3.4 CITY-ST-ZIP Mary Esther, Florida 32569
☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Patricia L. Richburg

Patricia L. Richburg

3/7/96

(04)

581-5368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)