

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

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95 APR -7 AM 5:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
**1995**



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

**DOCUMENT # H59513 (2)**  
1. Corporation Name  
**BIRDWELL BUILDERS, INC.**

Principal Place of Business Mailing Address  
**214 PATTEN HEIGHTS DR  
P.O. BOX 90750  
LAKELAND FL 33803  
US**

**214 PATTEN HEIGHTS ST.  
LAKELAND FL 33803  
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

3. Date Incorporated or Qualified **05/30/1985** 3a. Date of Last Report **04/22/1994**

4. FEI Number **59-2621728** 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

9. Name and Address of Current Registered Agent  
**BIRDWELL, MITCHELL  
214 PATTEN HEIGHTS ST.  
LAKELAND FL 33803**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------|---|---|
| TITLE                      | PD                     | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BIRDWELL, MITCHELL     | 1.2 NAME  |   |
| STREET ADDRESS             | 214 PATTEN HEIGHTS ST. | 1.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                | LAKELAND FL            | 1.4 CITY ST ZIP                                       |   |
| TITLE                      | ST                     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BIRDWELL, KATHY        | 2.2 NAME  |   |
| STREET ADDRESS             | 214 PATTEN HEIGHTS ST. | 2.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                | LAKELAND FL            | 2.4 CITY ST ZIP                                       |   |
| TITLE                      | VP                     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BIRDWELL, MITCHELL     | 3.2 NAME  |   |
| STREET ADDRESS             | 214 PATTEN HEIGHTS ST. | 3.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                | LAKELAND FL            | 3.4 CITY ST ZIP                                       |   |
| TITLE                      |                        | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 4.2 NAME  |   |
| STREET ADDRESS             |                        | 4.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                        | 4.4 CITY ST ZIP                                       |   |
| TITLE                      |                        | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 5.2 NAME  |   |
| STREET ADDRESS             |                        | 5.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                        | 5.4 CITY ST ZIP                                       |   |
| TITLE                      |                        | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 6.2 NAME  |   |
| STREET ADDRESS             |                        | 6.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                        | 6.4 CITY ST ZIP                                       |   |

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 110.07(3)(b), 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 addition.

SIGNATURE: *Kathy Birdwell / Sec. Treas.* 3/31/95 (813) 683-7486