


**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 08 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # H77445 (5)</b>					
1. Corporation Name <b>AMERICAN EQUITY BUILDERS, INC.</b>					
Principal Place of Business <b>11311 STARKEY ROAD LARGO FL 34643 US</b>			Mailing Address <b>11157 117TH ST. N. LARGO FL 33778-3654</b>		
2. Principal Place of Business 21 <b>11157 117th St</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>Same</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>09/24/1985</b>	
22 <b>LARGO</b> City & State		27 <b>LARGO</b> City & State		3a. Date of Last Report <b>02/05/1996</b>	
23 <b>33776</b> Zip		28 <b>FL</b> Country		4. FEI Number <b>59-2591946</b>	
24 <b>FL</b> State		29 <b>FL</b> State		Applied For Not Applicable	
9. Name and Address of Current Registered Agent <b>JACKSON, GENE F 11157 117TH ST. N. LARGO FL 34648</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent					
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				85 Zip Code	
				<b>FL</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PD	JACKSON, GENE F.	11157 117TH ST. N.	LARGO FL 34648	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
SD	VILLANCOURT, MARTA	11157 117TH ST. N.	LARGO FL 34648	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**GENE F. JACKSON**

**3-30-97 813 3435254**  
Date Daytime Phone #

CR2E034 (9/96)