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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H80515

(0)

MYLER CHURCH BUILDING SYSTEMS, INC.

Principal Place of Business		Mailing Address	Mailing Address		- I NOVINIO DINI BOSOS OSIDE HSBAL OSI BIBIN ANDI MYDII DEDIN OSIDIL OSIDIS DEDIS	
13190 SPRING HILL OR H		970 N ENGLEWOOD DR CRAWFORDSVILLE IN 47833-1	970 N ENGLEWOOD DR CRAWFORDSVILLE IN 47833-9725			
SPRING HILL FL 34609 US					3a. Date of Last Report 01/30/1996	
2. Principal Pl	ace of Busmess	2a. Mailing Address		10/15/1985 4. FEI Number	Applied For	
21		26		65-0034257	Not Applicable	
Suite, Apt -	#, elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Hequired	
City & State)	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23 Zip	Country	Zip	Country	8. This corporation has fiability for in		
24	25	29 3	o	· · · · · ·	Yes M No	
	9. Name and Address of	Current Registered Agent		10. Name and Address of New Re	listered Agent	
PERRY, JOHN Melin, Vacqueline 1.						
1797 NORTH FUTURE TERRACE			82 Street Add	dress (P.O. Box Number & Not Acceptab	e	
LEC/	anto fl 33461		3	152 Ambassador	Avenue	
			63			
			84 City	r nostill	FL 85 Zip Code 34409	
11 Parenant I	a the provisions of Sections	607 0502 and 607 1508 Florida Statutes	the above-named co	rporation submits this statement for the p	urnoco of changing its registered	
office or re	egistered agent, or both, in the	he State of Florida. Such change was aut	thorized by the corpora	ation's board of directors. I hereby accep	t the appointment as registered	
				J. MELIN S	12107	
SIGNATURE_	System by ast or printed name of re-	Nered agent and tille if approable. (NOTE, F	OVELINE Régistered Agent signature requ	uired when re-nstating)	DATE	
12.		ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
1HLF	PD	DELETE	1.1 TITLE		L. Change L. Addition	
NAME	MYLER, EARL O.		1.2 NAME		5	
STREET ADDRESS	970 N. ENGLEWOOD D	к.	1.3 STREET ADDRESS			
CITY-ST-ZiP	CRAWFORDSVILLE IN	DELETE	1.4 CITY - ST - ZIP		Change Addition	
TITLE	vp Morris, Ed	LJ DECETE	2.1 TITLE 2.2 NAME			
NAME STREET ADDRESS	853 CONNERS ST.		2.3 STREET ADDRESS			
City-St-ZIP	NOBLESVILLE IN		2.4 CITY-ST-ZIP			
TITLE	VP	DELETE	31 TITLE		☐ Change ☐ Addition	
NAME	PETERS, DOUGLAS		3.2 NAME			
STREET ADDRESS	912 LEISURE LANE		3.3 STREET ADDRESS			
C(1) - S7 - 7(P	GREENWOOD IN		3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
City-St-7iP		DELETE	4.4 City-St-ZIP 5.1 Title		Change Addition	
TIFLE		F 3 DECE 15	5.1 HILE 5.2 NAME		C Atkings C Vanitian	
NAMÉ emocra angloses			5.2 NAME 5.3 STREET ADDRESS			
STREET ADDRESS	1		5.4 CITY-ST-ZIP			
CITY-S1-ZIP TITLE		DELETE	61 TITLE		☐ Change ☐ Addition	
NAME	i		6 2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-S1-ZIP			64 CITY-ST-ZIP			
14. Ldo herel	by certify that the information	supplied with this filing does not qualify	for the exemption state	ed in Section 119.07(3)(i), Florida Statute	s. 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 trustge 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.						