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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # J23121

(3)

SOUTH ATLANTIC BUILDERS, INC.

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Principal Place of Business Mailing			ing Address				t IELitia And tions stiet auton and		,,,,	
P O BOX 164 PONTE VEDERA FL 32004 VEDIA		P O BOX 164 PONTE <u>VEDERA</u> FL 32004 ンピタベイ								
		A F No.			3. [Date Incorporated or Qualified 07/09/1986	3a. Date of Last Report 04/20/1995			
Principal Place of Business		2a. Mailing Address 26				4 . F	** * * * * * * * * * * * * * * * * *			Applied For Not Applicable
Suite, Apt. #, etc.		Suite. Apt. #, etc				5. (Dertificate of Status Desired	S8.75 Additional Fee Required		
City & State		City & State				tection Campaign Financing Trust Fund Contribution		S5.00 May Be Added to Fees		
7 Zip	Country 25	Zip	Country 30			This corporation has liability for intangible tax under s 199.032, Florida Statutes				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
	5. Halle dile Medicos C.			81	Name					
Bunting, Deborah L. 1313 Ponte Vedra BLVD				82 Street Address (P.O. Box Number is Not Acceptable)						
PONTE VEDRA FL 32082				83						
				84	City			Fl	85	Zip Code
	o the provisions of Sections 607, ed agent, or both, in the State of h, and accept the obligations of,	FIGURE SUCH CHARGO WA	is authorized by the	corpo ove-n	amed corpo oration's boa	oration su and of dir	ibmits this statement for the pu ectors. I hereby accept the app	irpose of ch pointment a	nanging s registe	its registered office ered agent. I am

SIGNATURE PUBLIF Register of April signature required when rematurings Signature, typed or protect han ellof registers alagent and third applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addit on DELETE 1.1 TIFLE TITLE BUNTING, DEBORAN L 1.2 NAME NAME 1313 PONTE VEDRA BLVD 13 STREET ADDRESS STREET ADDRESS PONTE VEDRA FL 1.4 CITY - \$1 - ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIF CITY-ST-ZIP 🔲 Change ne tibbA 🔲 DELETE 3 1 THUE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Change nc:tibbA [DELFTE 4 1 1/1/18 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP City-SI-7iP Addition Change DELETE 5 1 TILLE TITLE 5.2 NAME NAME 5.3 STREET ACORESS STREET ADDRESS 5.4 CiTY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 6 1 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 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 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 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 certify 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:

Deborah Bunting Frederly 4/22/96

CR2E034 (12/95)