

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 # J55362 (4)

1. Corporation Name

ALMAND-DAVIS BUILDERS, INC.



Principal Place of Business

2977 PARK SQUARE PLACE  
FERNANDINA BEACH FL 32034

Mailing Address

2977 PARK SQUARE PLACE  
FERNANDINA BEACH FL 32034

2. Principal Place of Business

21 3011 Robert Oliver Avenue

Suite, Apt. #, etc.

22

City & State

23 Fernandina Beach, FL

Zip

24 32034

Country

25 Nassau

2a. Mailing Address

26 3011 Robert Oliver Avenue

Suite, Apt. #, etc.

27

City & State

28 Fernandina Beach, FL

Zip

29 32034

Country

30 Nassau

3. Date Incorporated or Qualified

01/30/1987

3a. Date of Last Report

04/25/1995

4. FEI Number

59-2767419

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

OLIVER, CATHY A  
2977 PARK SQUARE PLACE  
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

81 Name

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

3011 Robert Oliver Avenue

83

84 City

Fernandina Beach

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

Signature, typed or printed name of registered agent and the corporation

(201) Registered Agent Signature required when reconstituting

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME ALMAND-OLIVER, CATHY L.  
STREET ADDRESS 2974 PARK SQUARE PLACE, P.O. BOX 1925 N/A  
CITY-ST-ZIP FERNANDINA BEACH FL

☐ DELETE

TITLE DV  
NAME DAVIS, TODD F.  
STREET ADDRESS 1934 LAKESIDE DRIVE S.  
CITY-ST-ZIP FERNANDIA BEACH FL

☐ DELETE

TITLE VP  
NAME OLIVER, JAMES F  
STREET ADDRESS P.O. BOX 1925 N/A, 2974 PARK SQUARE PLACE  
CITY-ST-ZIP FERNANDINA BEACH FL

☐ DELETE

TITLE S  
NAME DAVIS, LINDA A  
STREET ADDRESS 1934 LAKESIDE DRIVE SOUTH  
CITY-ST-ZIP FERNANDINA BEACH FL

☐ 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  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 (90P) 261-6778

CR2E034 (12/95)