FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 9:12

DOCUMENT # K43275 (2)

1. Corporation Name
FLORIDA BUILDERS, INC. OF LEE COUNTY

Principal Place of Business	Mailing Address
% JAMES C. WADE 16387 SOUTH TAMIAMI TRAIL SUITE #E FORT MYERS FL 33908	% JAMES C. WADE 16387 SOUTH TAMIAMI TRAIL SUITE #E FORT MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1988
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business (21): 12995 So. Cleveland Ave
Suite, Apt. #, etc (22): SUITE 251
City & State (23):
Zip (24): 33908 County (25):

2a. Mailing Address (26): 12995 So. Cleveland Ave
Suite, Apt. #, etc (27): SUITE 251
City & State (28):
Zip (29): 33908 County (30):

4. FEI Number: 65-0084939 ☐ 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

WADE, JAMES C.
16387 SOUTH TAMIAMI TRAIL
SUITE #E
FORT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name: P WADE, PERRY F.
82 Street Address (P.O. Box Number is Not Acceptable): 15106-4 PINE MEADOWS
83: DR. S.W.
84 City: FT. MYERS FL 85 Zip Code: 33908

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: PERRY F. WADE [illegible] 5/24/95
(Signature, typed or printed name of Registered Agent and title if applicable) (If not Registered Agent, signature required by law) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☑ Change ☐ Addition
NAME	WADE, PERRY F.	12 NAME	
STREET ADDRESS	16387 S. TAMIAMI TRAIL	13 STREET ADDRESS	15106-4 PINE MEADOWS DR. S.W.
CITY ST ZIP	FORT MYERS FL	14 CITY ST ZIP	FT MYERS FLA 33908
TITLE	D	21 TITLE	☐ Change ☑ Addition
NAME	WADE, JAMES C.	22 NAME	
STREET ADDRESS	15730 TRIPLE CROWN CT SE	23 STREET ADDRESS	
CITY ST ZIP	FORT MYERS FL	24 CITY ST ZIP	33912
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(i), 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: J. C. WADE 5/24/95 941-277-5454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0333240 CP