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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # L03316

(1)

FERRELL BUILDERS, INC.

FILED Mar 28 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address C/O DOUGLAS J. FERRELL C/O DOUGLAS J. FERRE			- 11			45144	·· 4:4:0 \$1811 \$18	+ =-	
C/O DOUGLA 735 CORAL E		C/O DOUGLAS J. FERRI 735 CORAL DRIVE	/O DOUGLAS J. FERRELL IS CORAL DRIVE			· ·			
CAPE CORAL FL 33904 CAPE CORAL FL 33904-5903									
						3. Date Incorporated or Qualified 07/20/1989		e of Last A 1/1996	eport
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number	00/0		plied For
1]		26				65-0135950		———·	ot Applicable
Suite An	ot. # etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & St	ate	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Cou	intry		8. This corporation has liability for			. 199.032,
4	25	29	30	,			X Yes		
		Current Registered Agent		81	Nema	10. Name and Address of New R	egistered A	gent	
	ERRELL, DOUGLAS J.			"	Name				
735 CORAL DRIVE				82	Street Addre	ess (P.O. Box Number is Not Accepta	able)		
CA	APE CORAL FL 33904		ĺ	83					
				84	City		FL	85 Zip	Code
11 Degrees	ut to the progress of Sections	607 0502 and 607 1508 Florida Stat	idee the al	hove r	amed core	poration submits this statement for the ion's board of directors. I hereby acceptance		hanoino il	e registeres
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To increase contribution the information supplies with this mining 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 eath; 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:

ALINE AND OFFICER OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/97 941-5 to Odvirne

ime Phone #