

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L33487 (4)

1. Corporation Name

PROFESSIONAL BUILDING SYSTEMS, INC.

Principal Place of Business

4395 CORPORATE SQ.
NAPLES FL 33942

Mailing Address

4395 CORPORATE SQ.
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/29/1989

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0165327

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, KIMBERLY LEACH
3174 E TAMiami TRAIL
NAPLES FL 33962

81 Name

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

4501 Tamiami Trail North

83

84 City Naples

FL

85 Zip Code

33940

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 line 4 applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	JOHNSON, ROBERT D.
STREET ADDRESS	17560 INGRAM ROAD
CITY - ST - ZIP	FT MYERS FL
TITLE	DS
NAME	BUDD, RUSSELL A.
STREET ADDRESS	5960 18TH AVE NW
CITY - ST - ZIP	NAPLES FL
TITLE	DT
NAME	BUDD, REX A.
STREET ADDRESS	1805 OAKS BLVD.
CITY - ST - ZIP	NAPLES FL
TITLE	D
NAME	RUST, ROBERT J.
STREET ADDRESS	458 DEVIL'S LANE
CITY - ST - ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	188 Furse Lakes Circle, # 8	
1.4 CITY - ST - ZIP	Naples FL 33942	
2.1 TITLE	DP	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	DVST	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Delete -	☒ Change ☐ Addition
4.2 NAME	no longer a director	
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 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 110.07(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

4-28-95

813-643-6527