

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **L40061** (8)

95 MAR 14 AM 8:17

1. Corporation Name  
**AVERY BUILDERS, INC.**

Principal Place of Business      Mailing Address  
**% GALE E. AVERY**      **% GALE E. AVERY**  
**6304 PINE SUMMIT DR.**      **6304 PINE SUMMIT DR.**  
**JACKSONVILLE FL 32211**      **JACKSONVILLE FL 32211**

DO NOT WRITE IN THIS SPACE.

|                                |  |                        |  |   |                         |
|--------------------------------|--|------------------------|--|---|-------------------------|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified   | 3a. Date of Last Report |
| 21                             |  | 26                     |  | 01/04/1990  | 03/21/1994              |
| 22 State, Apt. #, etc.         |  | 27 State, Apt. #, etc. |  | 4. FEI Number   | Applied For             |
| 23 City & State                |  | 28 City & State        |  | 592981849   | Not Applicable          |
| 24 Zip                         |  | 29 Zip                 |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |                         |
| 25 Country                     |  | 30 Country             |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees   |                         |
|                                |  |                        |  | 8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                         |

|  |  |  |  |  |  |    |          |
|--|--|--|--|--|--|----|----------|
| 9. Name and Address of Current Registered Agent                                      |  |  |  | 10. Name and Address of New Registered Agent |  |    |          |
| <b>AVERY, GALE E.</b><br><b>6304 PINE SUMMIT DR.</b><br><b>JACKSONVILLE FL 32211</b> |  |  |  | 81   | Name   |    |          |
|  |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |          |
|  |  |  |  | 83   |  |    |          |
|  |  |  |  | 84   | City   | 85 | Zip Code |
|  |  |  |  | FL   |  |    |          |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of Registered Agent required when registering      Signature of Registered Agent required when registering      DATE

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------|---|---|
| TITLE                      | DP                     | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | AVERY, GALE E.         | 12 NAME   |   |
| STREET ADDRESS             | 6304 PINE SUMMIT DR    | 13 STREET ADDRESS                                     |   |
| CITY-STATE-ZIP             | JACKSONVILLE FL        | 14 CITY-STATE-ZIP                                     |   |
| TITLE                      | VTS                    | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | AVERY, RAYMOND J., JR. | 22 NAME   |   |
| STREET ADDRESS             | 6304 PINE SUMMIT DRIVE | 23 STREET ADDRESS                                     |   |
| CITY-STATE-ZIP             | JACKSONVILLE FL        | 24 CITY-STATE-ZIP                                     |   |
| TITLE                      |                        | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 32 NAME   |   |
| STREET ADDRESS             |                        | 33 STREET ADDRESS                                     |   |
| CITY-STATE-ZIP             |                        | 34 CITY-STATE-ZIP                                     |   |
| TITLE                      |                        | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 42 NAME   |   |
| STREET ADDRESS             |                        | 43 STREET ADDRESS                                     |   |
| CITY-STATE-ZIP             |                        | 44 CITY-STATE-ZIP                                     |   |
| TITLE                      |                        | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 52 NAME   |   |
| STREET ADDRESS             |                        | 53 STREET ADDRESS                                     |   |
| CITY-STATE-ZIP             |                        | 54 CITY-STATE-ZIP                                     |   |
| TITLE                      |                        | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 62 NAME   |   |
| STREET ADDRESS             |                        | 63 STREET ADDRESS                                     |   |
| CITY-STATE-ZIP             |                        | 64 CITY-STATE-ZIP                                     |   |

14. I hereby certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Raymond J. Avery Jr.* **RAYMOND J. AVERY JR.** Vice President      3/10/95      904-725-4401  
SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR      DATE      TELEPHONE