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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # L50950 (9)

	Anne Jewell Builders				
Principal Place of Business 1 2165 MATHISON ROAD CANTONMENT FL 32533		Mailing Address 2165 MATHISON RC CANTONMENT FL 3			
		0/4/10/4/ILI4/ 12 V		3. Date Incorporated or Qualified 02/14/1990	3a. Date of Last Report 01/23/1995
2. Principal Place	of Business	2a. Mailing Address	<del></del>	4. FEI Number	Applied For
1 '		26		59-3008813	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Gity & State		City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Ζφ <b>4</b>	Country 25	7ip <b>29</b>	Country 30	8. This corporation has liability for in Florida Statutes Yes	□No
	9. Name and Address of Currer	t Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
147511.0.3			81 Name		
Wells, \ 125 Wes	v. Keith It romana street		82 Street Addr	ress (P.O. Box Number is Not Acceptable	6)
SUITE 60	08		83		
PENSAC	OLA FL 32501		84 City		85 Zip Code
				ration submits this statement for the pur	FL
12. 10.E	patere, typed or pande trainer of registered ages OFFICERS AN	and strent application — — — — — — — — — — — — — — — — — — —	NOTe: Registered Agent signature require  13. 1.1.TITLE	d when reinstating). ADDITIONS/CHANGES TO OFFI	DATE  CERS AND DIRECTORS IN 12  Change Addition
NAM'I	JEWELL, CARYL ANNE	T receit	1. 1 TITLE 1 2 NAME		Change Addition
SCREET ADDRESS	2165 MATHISON ROAD		1 3 STREET ADDRESS		
City - 51 Zif-	CANTONMENT FL		1.4 C(TY-ST-Z)P		
THLE	VST	DELETE	2 1 TITLE		Change Addition
NAM"	JEWELL, DAVID F.		2 2 NAME		
STREET ADDRESS	2165 MATHISON ROAD		2 3 STREET ADDRESS		
On Star	CANTONMENT FL	ET DELETE	2 4 CHY - ST - ZIP		
THUE NAME	JEWELL, DAVID F.	☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	2165 MATHISON ROAD		3.2 NAME 3.3. STHEET ADDRESS		
Offy St ZP	CANTONMENT FL		3.4 CITY - ST - ZIP		
Tarre		DELETE	4. 1 TITLE		Change Addition
NAM:			4.2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CUTY - SE- ZiP	A SECTION OF THE PROPERTY OF T	Docat	4.4 CITY - ST - ZIP		<b>5</b> 0
TIPLE NORMAL		☐ DELETE	5 1 TILLE		Change Additio
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		Į.
CITY-ST ZIP			5 4 CITY - ST - ZIP		
M.I		DELETE	6 1 TITLE		Change Addi.
NAME			62 NAME		· <b>-</b>
STEELT ADDRESS			63 STREET ADDRESS		
CILY ST ZIF			64 CiTY-ST-ZIP		
certify that the oath, that he	he information indicated on this ann	ual report or supplemental ar pration or the receiver or trus	nnual report is true and accura- toe empowered to execute th	for the exemption stated in Section 119. ate and that my signature shall have the iis report as required by Chapter 607, Fk	same legal effect as if made unc

SIGNATURE:

1-29-96 (904)587-5220