FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L72775

(4)

Mailing Address

D. JANCA BUILDER, INC.

Principal Place of Business

FILED Feb 11 1997 8:00am Secretary of State

PO BOX 5376 DESTIN FL 32540		PO BOX 5376	PO BOX 5376 DESTIN FL 32540-5376						
						3. Date Incorporated or Qualified 05/11/1990	3a. Date 03/22		eport
2. Principal P	lace of Business	2a. Mailing Ac	ldress			4. FEI Number	1		plied For
21		26				59-3019689		No	l Applicable
Suite, Apt #, etc		Suite, Apt.	State, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A Fee Re	
City & State	0	City & Sta	te	*********		6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added to	
Zφ 	Country	Zip		Country	1	8. This corporation has liability for i			199.032,
24	25 9. Name and Address of Cu	[29]	[30]			Florida Statutes 10. Name and Address of New Reg	Yes 🔲 I		
		rrent Hegistered Ager	16	81	Name	10, Name and Address of New Asi	IISTOIGU AU	ar it	
	CA, JR., ROBERT DAVID			"	I NOTE O				
	DOLPHIN ESTATES COURT			82	Street Add	dress (P.O. Box Number is Not Acceptab	e)		
DES	TIN FL 32541			83				······································	-
				63					
				84	City		FL	35 Zip C	Code
office or r agent. La	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o	tate of Florida, Such ch	nange was autho	rized by	the corpora	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of ch t the appoin	anging its tment as	s registered registered
SIGNATURE	Signature, typed or prich a name of registers:	d agent and title if applicable	(NOTE: Reg	istered Age	ent signature requ	ired when reinstating)	DATE	************	
12.	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC			S IN 12
TITLE	D		DELETE	1.1 THLE				Change	Addition
NAME	JANCA, ROBERT DAVID JR	ì.		1,2 NAME					
STREET ADORESS	200 DOLPHIN ESTATES CT	Г.		1.3 STREET	ADDRESS				
CHY-ST-ZIP	DESTIN FL			1.4 CITY - 5	ST-7IP				
TITLE	8			2.1 TITLE				Change	Addition
NAME	JANCA, EDITH E.		ľ	2.2 NAME					
SIRCEI ADDRESS	200 DOLPHIN ESTATES CT	Г.	1	2.3 STREET	ADDRESS				
CITY+S1+ZIP	Destin Fl			2. 4 CITY-	ST-Z#P				
TITLE	777777777777777777777777777777777777777		DELETE	3.1 TITLE				Change	Addition
NAME				3.2 NAME					
STREET ADDRESS				3.3 STAEET	ADDRESS				
CITY-ST-ZIP				3.4. CITY-	ST-ZIP				
TITLE			DELETE	4.1 TATLE				Change	Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY - ST - ZIP				4.4 <u>CITY- S</u>	T- ŽIP				
TITLE			DELETE	5.1 TITLE				Change	Addition
NAM8				52 NAME					
STREET ADDRESS				5 3 STREET	ADDRESS				
CITY - \$1 - ZIP				5.4 C/TY-5	ST-ZIP				
Title				61 TITLE				Change	Addition
NAME	!			62 NAME					
STREET ADDRESS			1	6.3 STREET	ADDRESS				
CHY-SI-ZIP			1	6.4 CiTY - 9					
14. 1 do here	by certify that the information sup	plied with this filing do				ed in Section 119,07(3)(i), Florida Statute	s. I further co	ertify that	the

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this argular 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 of Block 12 if changed, or on an attachment with an address.

SIGNATURE:

MAUR JANCA

1-7-97 904 505-2547

irria ⊁'hone ₽