

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M86795 (5)
1. Corporation Name
PHILIP A. BULLIS BUILDER, INC.

Principal Place of Business 1879 E NORMANDY BLVD DELTONA FL 32725	Mailing Address 1879 E NORMANDY BLVD DELTONA FL 32725-7516
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/23/1988	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.		4. FEI Number 59-2907580	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27	28 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent BULLIS, PHILIP A. 1879 E NORMANDY BLVD DELTONA FL 32725				10. Name and Address of New Registered Agent	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLIS, PHILIP A.	1.2 NAME	
STREET ADDRESS	1879 E. NORMANDY BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLIS, GLORIA	2.2 NAME	TODD BULLIS
STREET ADDRESS	1879 E. NORMANDY BLVD.	2.3 STREET ADDRESS	1879 E. NORMANDY BLVD
CITY-ST-ZIP	DELTONA FL	2.4 CITY-ST-ZIP	DELTONA, FL.
TITLE	ST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLIS, TODD	3.2 NAME	RAWH BULLIS
STREET ADDRESS	1879 E. NORMANDY BLVD	3.3 STREET ADDRESS	1879 E. NORMANDY BLVD
CITY-ST-ZIP	DELTONA FL	3.4 CITY-ST-ZIP	DELTONA, FL.
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 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: *Philip A. Bullis* *Philip A. Bullis* **4-23-97 407 574 7955**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)