

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P08367** (5)

1. Corporation Name

**AMERICAN BUILDERS OF ANSON, INC.**



Principal Place of Business

Mailing Address

HWY. 74  
PO BOX 8  
POLKTON NC 28135

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PO BOX 8  
POLKTON NC 28135

3. Date Incorporated or Qualified  
**12/10/1985**

3a. Date of Last Report  
**03/21/1995**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country 25

29 Zip Country 30

4. FEI Number  
**56-1063347**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

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

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

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 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 I accept the obligations of, Section 607.0504, Florida Statutes.

SIGNATURE

Signature of the person filing this report (see instructions for details)

DATE Registered Agent's Appointment Expires (later if stated)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE NAME STREET ADDRESS CITY, STATE, ZIP	PD THOMAS, W. BRUCE PO BOX 8 N/A POLKTON NC	<input type="checkbox"/> DELETE
12.2 TITLE NAME STREET ADDRESS CITY, STATE, ZIP	STD THOMAS, PATRICIA M. PO BOX 8 N/A POLKTON NC	<input type="checkbox"/> DELETE
12.3 TITLE NAME STREET ADDRESS CITY, STATE, ZIP	VD THOMAS, WALTER G., JR. PO BOX 8 N/A POLKTON NC	<input type="checkbox"/> DELETE
12.4 TITLE NAME STREET ADDRESS CITY, STATE, ZIP	VD THOMAS, RALPH E. PO BOX 8 N/A POLKTON NC	<input type="checkbox"/> DELETE
12.5 TITLE NAME STREET ADDRESS CITY, STATE, ZIP		<input type="checkbox"/> DELETE
12.6 TITLE NAME STREET ADDRESS CITY, STATE, ZIP		<input type="checkbox"/> DELETE

13.1 11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 12 NAME	
13.3 13 STREET ADDRESS	
13.4 14 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 22 NAME	
13.7 23 STREET ADDRESS	
13.8 24 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 32 NAME	
13.11 33 STREET ADDRESS	
13.12 34 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 42 NAME	
13.15 43 STREET ADDRESS	
13.16 44 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17 51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 52 NAME	
13.19 53 STREET ADDRESS	
13.20 54 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.21 61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.22 62 NAME	
13.23 63 STREET ADDRESS	
13.24 64 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(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:

*Patricia Marsh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Patricia Marsh Thomas*

2-23-95

704 272 7655

CR2E034 (12/95)