

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P22492 (3)

1. Corporation Name

FORISTER BUILDERS, INC.

Principal Place of Business

2501 LOOP 360 SOUTH
AUSTIN TX 78746

Mailing Address

2501 LOOP 360 SOUTH
AUSTIN TX 78746

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

FORISTER, WAYNE
1901 FIRST STREET NORTH
APT. 503
JACKSONVILLE FL 32250

3. Date Incorporated or Qualified
01/09/1989

3a. Date of Last Report
04/12/1995

4. FEI Number
74-1777169

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (F.O. Box Number is Not Acceptable)
13714 Bromley Point Drive

83

84. City Jacksonville

FL

85

Zip Code
32225

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

Signature, typed or printed name of registered agent and their applicable

(NOTE: Registered Agent Signature required when registering

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PTD
FORISTER, TRIGG

☐ DELETE

NAME

2501 LOOP 360 SOUTH
AUSTIN TX

STREET ADDRESS

CITY- ST- ZIP

TITLE

VD

☐ DELETE

NAME

FORISTER, WAYNE
1901 FIRST STREET NORTH APT. 503
JACKSONVILLE FL

STREET ADDRESS

CITY- ST- ZIP

TITLE

S

☐ DELETE

NAME

SCHUMANN, EDIE S.
193 BARTON RANCH CIRCLE
DRIPPING SPRGS TX

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

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NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY- ST- ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY- ST- ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY- ST- ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY- ST- ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Trigg Forister

3/15/96

(512) 327-2502

DATE

PHONE NUMBER

CR2E034 (12/95)