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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 4:52

DOCUMENT # **P40825** **(2)**

1. Corporation Name
C M C BUILDERS, INC.

Principal Place of Business	Mailing Address
12850 E. CONTROL TOWER RD. BOX J5 ENGLEWOOD CO 80112	12850 E. CONTROL TOWER RD. BOX J5 ENGLEWOOD CO 80112

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/29/1992	3a. Date of Last Report: 02/08/1994
2. Principal Place of Business 21	2a. Mailing Address 26
4. FEI Number: 84-0877313	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

LOSEY, RALPH C.
SUBIN, SHAMS, ROSENBLUTH & MORAN, P.A.
111 NORTH ORANGE AVENUE, STE. 900
ORLANDO FL 32801-2373

10. Name and Address of New Registered Agent

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 607.0502 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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP	11 TITLE	☐ Change ☐ Addition
NAME	BENES, RICHARD L.	12 NAME	
STREET ADDRESS	12 BLACKMER RD.	13 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	14 CITY-ST-ZIP	
TITLE	DVC	21 TITLE	☐ Change ☐ Addition
NAME	BENES, REBECCA C.	22 NAME	
STREET ADDRESS	12 BLACKMER RD.	23 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	24 CITY-ST-ZIP	
TITLE	VPD	31 TITLE	☐ Change ☐ Addition
NAME	BENES, CRAIG R	32 NAME	
STREET ADDRESS	515 LAFAYETTE	33 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	BENES, REBECCA C.	42 NAME	
STREET ADDRESS	12 BLACKMER RD.	43 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	BENES, RICHARD L.	52 NAME	
STREET ADDRESS	12 BLACKMER RD.	53 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Richard L. Benes/President 1/12/95 303-741-4500
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0470088 FP