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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200008949 (9)

ST. ANDREWS BUILDING CORPORATION

| SUI VEI | RO E VENICE ITE 1895 NICE FL 342 | | SUITE 995 VENICE FL US | 34292-3066 | | | | | | 16. 5. | | | |
|------------------------|--|--|--|------------------------------------|--------------------------|---------|---------------------|-------------------|--|-----------------------------------|------------------------------|-----------------------------|--|
| US | | | UŞ | | | | | 1 ' | Date Incorporated or Qualified 12/01/1992 | | e of Last F 2/1996 | leport | |
| 2. 21 | Principal Pi | ace of Business | 2a. Mailing 26 | 2a. Mailing Address 26 | | | | 4. | FEI Number 65-0380420 | | j | pplied For of Applicable | |
| 22 | Sulte, Apt. | #, etc. | Suite, / | Suite, Apt. #, etc. | | | | 5. | Certificate of Status Desired | | | Additional equired | |
| | City & State | • | City & | City & State | | | | 1 | Election Campaign Financing Trust Fund Contribution | ncing \$5.00 May Be Added to Fees | | | |
| 101 | Zip | Country | Zip | | Cour | itry | | + | This corporation has liability for i | | | | |
| 24 | | 25 | 29 | | 30 | | | | | |) No | | |
| _ | | 9. Name and Address of Co | irrent Registered A | gent | | | | 10. | Name and Address of New Re- | gistered A | gent | | |
| | B00 | ne, Jeffery A | | | i | B1 | Name | | | | | | |
| 1001 AVENIDA DEL CIRCO | | | | 82 Street Ad | | | Street Addre | ess (P | O Box Number is Not Acceptab | le) | | | |
| VENICE FL 34285 | | | | | | | | | | · | | | |
| | | | | | [] | 83 | | | | | | | |
| | | | | | } | 84 | City | | | FL | 85 Zip | Code | |
| | office or re agent. I a | to the provisions of Sections 603 egistered agent, or both, in the m tamiliar with, and accept the | State of Florida, Such | n change was a | authorized | l by t | named corporation | oration on's b | n submits this statement for the p loard of directors. I hereby accep | urnose of | changing i | is registered registered | |
| SI | GNATURE | Signature, typed or printed name of register | ed agent and title if applical; | TOM) ol | E: Registored | Agent | I signature require | d when | reinstating) | DATÉ. | | | |
| 12 | | OFFICER | AND DIRECTORS | | 13. | | | A | ADDITIONS/CHANGES TO OFFIC | ERS AND | DIRECTOR | 3S IN 12 | |
| TIT | LE | DP\$ | | DELETE | 11100 | LE | | | | | Change | Addition | |
| NA | ME | shoemaker, david w | | | 1.2 NA | ME | | | | | | | |
| STREET ADDRESS | | 1360 EVENICE AVE | | | 1.3 STF | REET AL | DDRESS | | | | | | |
| CIT | Y-ST-ZIP | VENICE FL | | | 1.4 CIT | Y-ST- | ZIP | | | | | | |
| TIT | LE | VP | | ☐ DELETE | 2.1 1111 | LE | | | | | Change | Addition | |
| NA | ME | HOUSER, J. BRADLEY | | | 2.2 NA | ME | | | | | | | |
| \$TF | REET ADDRESS | 1360 E VENICE AVE | | | 2.3 S1F | REE1 A | DDRESS | | | | | | |
| _ | Y-ST-ZIP | VENICE FL | | | 2. 4 CI | | - ZIP | | | | | | |
| TIT | | | | DELETE | 3.1 T(T) | | | | | : | Change | ☐ Addition | |
| NAI | - | | | | 3.2 NAI | | | | | | | | |
| | REET ADDRESS | | | | | | DDRESS | | | | | | |
| | Y-ST-ZIP | | | DELETE | 3 4. CF | | · ZIP | | | | Change | Addition | |
| TIT | | | | ☐ DELETE | 4.1 1111 | | | | | | Cuanta | Addition | |
| NAI | - | | | | 4. 2 NA | | | | | | | | |
| | REET ADDRESS | | | | - 1 | | DDRESS | | | | | | |
| | Y-ST-ZIP | | | DELETE | 4.4 CIT 5.1 TIT | | ZIP | | | | Change | Addition | |
| TITI | | | | been | 1 | | 1 | | | | Change | ☐ Yealtion | |
| NA | | | | | 5.2 NA | | Popusos | | | | | | |
| | REET ADDRESS | | | | | | DDRESS | | | | | | |
| TIT | Y-ST-ZIP | | | DELETE | 5.4 CIT 6.1 TITI | | - ZIP | | | | Change | Addition | |
| NA | | | | | 6.2 NA | | 1 | | | | | | |
| | REET ADDRESS | • | | | | | DDRESS | | | | | | |
| | | | | | | | | | | | | | |
| | Y-ST-ZIP . I do heret | ov certify that the information su | oplied with this filing | does not quali | 640lf fy for the 6 | exem | notion stated | in Se | ction 119.07(3)(i), Florida Statute | s. I further | certify that | t the | |
| • | Informatio | n indicated on this annual repor | Lor supplemental ar on or the receiver of | inual report is t Trustee ombow | rue and a vered to e: | cour | ate and that | my sid | gnature shall have the same lega equired by Chapter 607, Florida S | l effect as | if made un | nder oath; that | |