SECOND NOTICE: CORPORATION WILL BI AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISS	E DISSOLVED ON OR AFTEI OLVED, MINIMUM AMOUNT D	R AUGUS UE TO RE	ST 7, INST	1996. ATE: \$375.)	1		
CORPORATION CORPORATION	PROFIT FLORIDA DEPARTMENT OF STATE						
ANNUAL REPORT	in the contract the contract						
1996 DIVISION OF CORPORATIONS							
1000	<u> </u>						
DOCUMENT # P9300	0004973 (2	)					
	•	•					
COASTAL BUILDERS OF SOUTH	WEST FLORIDA, INC.				h de Brigado don carda hidir abanco de con	I BARA MARIJA MARIJA MA	<b>110 90</b> 00 4 <b>0 030</b> 4040 1000
Principal Place of Business Mailing Address							
						23.(4 24(4) 44	214 18111 185 18 1811 1841
7414 WILLEMS DRIVE 7414 WILLEMS DRIVE FORT MYERS FL 33908 FORT MYERS FL 33908							
	TOTAL MILITO IE 0030	J			3. Date Incorporated or Qualified	3a. Date	of Last Report
					01/21/1993	1	4/1995
2. Principal Place of Business	2a. Mailing Address				4. FEI Number		Applied For
Suite, Apt. #, etc.	26				65-0381722		Not Applicable 88.75 Additional
27					5. Certificate of Status Desired		Fee Required
City & State	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be
Zip Country	Zip	Country			This corporation has liability for	intangible tax	Added to Fees under s. 199.032.
4 25	29	30	, .		Florida Statutes	Yes N	lo .
9. Name and Address of Curren	it Registered Agent		61	Name	10. Name and Address of New Re	gistered Age	nt
NODRUFF, ROGER B 7414 WILLEMS DR. FORT MYERS FL 33908			82	<u></u>		1 .	
					dress (P.O. Box Number is Not Acceptab	oie)	
TOTA WIETO IE SOSSO			83				
			84	City		E. 8	5 Zip Code
11. Pursuant to the provisions of Sections 607,050	2 and 607.1508, Florida Statut	tes, the a	Ll bove	-named con	poration submits this statement for the o	FL urpose of chai	nging its registered
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation	of Florida. Such change was a	authonzei	d by	the corporal	tion's board of directors. I hereby accep	t the appointm	ent as registered
SIGNATURE							
Signature Typed or printed have of registered age  12. OFFICERS AN		TE Register	ed Age	nt signature requ	irred when re-instativity)  ADDITIONS/CHANGES TO OFF19	DATE	BE CTODE IN 12
THLE D DELETE			I 1 TITLE		ADDITIONS/CHANGES TO OFF	JE NO AINE DII	Change Addition
NAME NODRUFF, ROGER B			1 2 NAME				<del></del>
STREET ADDRESS 7414 WILLEMS DR.			1.3 STREET ADDRESS				
CITY-ST-ZIP FORT MYERS FL 33908	PORT MYERS FL 33908			T-ZIP			Change Addition
NAME		21T		ŀ		Ц	enange Maneon
STREET ADDRESS		235	TREET	ADDRESS			
CITY-ST-ZIP				ST- ZIP			
TIFLE	DELETE	311		•			Change Addition
NAME STREET ADDRESS		321		ADDRESS			
CiTy-SI-ZiP			CITY - S				
TITLE	DELETE	411					Change Addition
NAME		4 21	NAME				
STREET ADDRESS		1		ADDRESS			
CITY - ST - ZIP	DELETE	4.4 C	HY-S Dif	T · ZIP			Change Addition
NAME			IAME		70000187 -06/26/96010	EU3	And the state of t
STREET ADDRESS		538	TREET	ADDRESS	***225.00		
DITY-ST-ZIP		540	ntv. si	T. 710			01 61

CITY - ST - ZIP 64 CITY - ST- ZIP 14. If 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 1 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address

SIGNATURE:

S

6 1 TITLE

6.2 NAME

6.3 STREET ADDRESS

54 CITY - ST - ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

DELETE