

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:32

DOCUMENT # P93000014594 (4)

1. Corporation Name

ADVANCED BUILDING COMPANY OF NORTH FLORIDA, INC.

Principal Place of Business

6400 PUTNAM STREET
ST. AUGUSTINE FL 32084

Mailing Address

6400 PUTNAM STREET
ST. AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/26/1993** 3a. Date of Last Report **04/25/1994**

2. Principal Place of Business

21 **981 IRMA WAY**

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

59-3173342

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

23 City & State

ST. AUGUSTINE FL

27 City & State

24 Zip

32086

25 Country

U.S.A.

28 Zip

29 Country

9. Name and Address of Current Registered Agent

SCHAFFER, CLARK
100 SOUTHPARK BLVD.
SUITE 407
ST. AUGUSTINE FL 32086

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 607.1608, 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 its registered agent. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE

CLARK SCHAFFER

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reconstituting

2-7-95

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **WARREN, MICHAEL T JR.**
STREET ADDRESS **6400 PUTNAM STREET**
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **WARREN T. MICHAEL JR.** Change Addition
1.2 NAME
1.3 STREET ADDRESS **981 IRMA WAY**
1.4 CITY-ST-ZIP **ST. AUGUSTINE FL 32086**
ADDRESS CORECTION

2.1 TITLE **S** Change Addition
2.2 NAME **HEATHER D. MICHAEL**
2.3 STREET ADDRESS **981 Irma Way**
2.4 CITY-ST-ZIP **ST. AUGUSTINE FL, 32086**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

WARREN T. MICHAEL JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Warren T. Michael Jr
2-7-95
904 794 5500