

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000014594
1. Corporation Name
ADVANCED BUILDING COMPANY OF NORTH FLORIDA INC.

Principal Place of Business Mailing Address
**981 IRMA WAY
St. Augustine Fl. 32086**

3. Date Incorporated or Qualified **2-26-93** 3a. Date of Last Report **2-95**
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

2. Principal Place of Business 2a. Mailing Address
21 **981 IRMA WAY** 26 Suite, Apt #, etc.
22 Suite, Apt #, etc. 27
City & State 28
AUGUSTINE 29
Zip 30 Country
32086 AMERICA

9. Name and Address of Current Registered Agent
**CLARK SCHAFFER, C.P.A.
100 SOUTH PARK 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 607.1508, 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: _____

12. OFFICERS AND DIRECTORS

TITLE	SECRETARY <input type="checkbox"/> DELETE
NAME	HEATHER D. MICHAEL
STREET ADDRESS	981 IRMA WAY
CITY, ST, ZIP	ST. AUGUSTINE FL 32086
TITLE	PRESIDENT C.E.O. <input type="checkbox"/> DELETE
NAME	WARREN T. MICHAEL JR.
STREET ADDRESS	981 IRMA WAY
CITY, ST, ZIP	ST. AUGUSTINE FL.
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PRESIDENT OF SAFETY MANAGEMENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	JERRY NORRIS
3. STREET ADDRESS	19 OAK STREET
4. CITY, ST, ZIP	ST. AUGUSTINE FL 32095
2. TITLE	VICE PRESIDENT OF OPERATIONS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	BRETT BAXTER
2. STREET ADDRESS	267 MAJORCA RD
2. CITY, ST, ZIP	ST. AUGUSTINE FL. 32084
3. TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3. NAME	HEATHER D. MICHAEL
3. STREET ADDRESS	981 IRMA WAY
3. CITY, ST, ZIP	ST. AUGUSTINE FL. 32086
4. TITLE	PRESIDENT OF OPERATION <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4. NAME	WARREN T. MICHAEL JR.
4. STREET ADDRESS	981 IRMA WAY
4. CITY, ST, ZIP	ST. AUGUSTINE FL. 32086
5. TITLE	
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	
6. TITLE	
6. NAME	
6. STREET ADDRESS	
6. 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 unchanged, 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. 3-13-96
Date: _____
Filing Fee # _____

CR2E034 (12/95)

3-13-96