

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # P93000021241 (3)

95 MAY -1 AM 5:35

1. Corporation Name

BUILDER'S REALTY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9951 ATLANTIC BLVD.
139
JACKSONVILLE FL 32225
US

Mailing Address
9951 ATLANTIC BLVD.
139
JACKSONVILLE FL 32225
US

DO NOT WRITE IN THIS SPACE

3. Date of Report Filed: **03/22/1993** 3a. Date of Last Report: **05/01/1994**

4. Filing Fee: **59-3178333** Applied Fee: ☐ Not Applicable

5. Certificate of State Debts: ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 190.1(3)? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**STROUP, FRANK L.
10959 RALEY CREEK DR. S.
JACKSONVILLE FL 32225**

10. Name and Address of New Registered Agent

81. Name:
82. Street Address (P.O. Box Number is Not Acceptable): **13865 HANOVER PARK COURT**
83.
84. City: **JACKSONVILLE** FL 85. Zip Code: **32224**

11. Pursuant to the provisions of Sections 607.01(4)(a) and 607.01(4)(b) of the Florida Statutes, this officer/agent/registered agent/registered agent of the State of Florida, Scott M. Ferree, has been authorized by the corporation's board of directors, thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.01(4)(a) and 607.01(4)(b) of the Florida Statutes.

SIGNATURE: **FRANK L. STROUP**

Frank L. Stroup

4-29-95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995

OFFICER	P
NAME	FERREE, SCOTT M
STREET ADDRESS	9951 ATLANTIC BLVD., SUITE 430
CITY, STATE, ZIP	JACKSONVILLE FL 32225
OFFICER	VS
NAME	GAGLIONE, LORRAINE M
STREET ADDRESS	9951 ATLANTIC BLVD., SUITE 430
CITY, STATE, ZIP	JACKSONVILLE FL 32225
OFFICER	T
NAME	FREDERICK, VERNON R
STREET ADDRESS	9951 ATLANTIC BLVD., SUITE 430
CITY, STATE, ZIP	JACKSONVILLE FL 32225
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

1. NAME	☐ Change ☐ Addition
2. NAME	☐ Change ☐ Addition
3. NAME	☐ Change ☐ Addition
4. NAME	☐ Change ☐ Addition
5. NAME	☐ Change ☐ Addition
6. NAME	☐ Change ☐ Addition
7. NAME	☐ Change ☐ Addition
8. NAME	☐ Change ☐ Addition
9. NAME	☐ Change ☐ Addition
10. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is true and correct, for the year just ended as has been filed with the Florida Department of State. I further certify that the information supplied in this filing is a true and correct statement of the corporation's financial condition and that the corporation shall have the same signed by the officers and directors of the corporation and that the corporation shall have the same signed by the registered agent of the corporation. I further certify that the information supplied in this filing is a true and correct statement of the corporation's financial condition and that the corporation shall have the same signed by the officers and directors of the corporation and that the corporation shall have the same signed by the registered agent of the corporation.

SIGNATURE: *Scott M. Ferree* **SCOTT M. FERREE**

4-29-95

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