FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 10:10

DOCUMENT # **P93000036421 (4)**

1. Corporation Name
JODERE BUILDERS, INC.

Principal Place of Business	Mailing Address
4159 OLD ST. LUCIE BLVD. STUART FL 34996	4159 OLD ST. LUCIE BLVD. STUART FL 34996

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/20/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 506 S. FEDERAL HIGHWAY
22 Suite, Apt. #, etc.: SUITE # 202
23 City & State: STUART, FL
24 Zip: 34994
25 Country: MARTIN

2a. Mailing Address
26: SAME
27 Suite, Apt. #, etc.: SAME
28 City & State: SAME
29 Zip:
30 Country:

4. FEI Number: 65-0412878 ☐ 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

9. Name and Address of Current Registered Agent

BRECHBILL, MARK
~~% JOHN ERIKSEN~~
~~4159 OLD ST LUCIE BLVD~~
STUART FL 34996

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 506 S. FEDERAL HIGHWAY
83: SUITE # 202
84 City: STUART FL 85 Zip Code: 34994

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: MARK BRECHBILL, CPA — 4/3/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	ERIKSEN, JOHN D	12 NAME		
STREET ADDRESS	4159 OLD ST LUCIE BLVD	13 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	14 CITY-ST-ZIP		
TITLE	VPD	21 TITLE		☐ Change ☐ Addition
NAME	LYNDS, DEREK A	22 NAME		
STREET ADDRESS	1614 THELMA AVE	23 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL	24 CITY-ST-ZIP		
TITLE	C	31 TITLE		☐ Change ☐ Addition
NAME	BRECHBILL, MARK E	32 NAME		
STREET ADDRESS	1523 NE 25TH TERR	33 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BCH FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), 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 if changed, or on an attachment with an addition.

SIGNATURE: PRESIDENT JOHN ERIKSEN 4/2/95 (407) 286-5155
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — (Telephone Number)

091208 CP