

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Moonham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000044849

1. Corporation Name

PALMCO BUILDERS, INC.

APPROVED
AND
FILED

95-JUL-11 PM 10:55

SEC. OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4900 Dyer Blvd
Riviera Beach FL
33407

4900 Dyer Blvd
Riviera Beach FL
33407

2. Principal Place of Business

Mailing Address

21 Suite, Apt. #, etc.

28 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

29 Zip

24 County

30 County

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized **7-94**
4. FEI Number **65-0423179** Applied For
 Not Applicable5. Certificate of Status Desired **X** **\$0.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution **\$5.00** May Be
Added to Fees7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes **X** Yes **(..)** No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATRICK SULLIVAN
4900 Dyer Blvd
Riviera Beach, FL 33407

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City FL Zip Code 33407 |

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 registered agent for this corporation. In witness whereof, the corporation, at Section 607.0505, Florida Statutes.

SIGNATURE:

(Signature, typed or printed name of registered agent if title is applicable)

(Note: Registered Agent signature required when registered)

(Initials)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|---|
| TITLE | P/D PATRICK SULLIVAN | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 4900 Dyer Blvd | 1.2 NAME | |
| STREET ADDRESS | Riviera Beach FL 33407 | 1.3 STREET ADDRESS | |
| CITY ST ZIP | | 1.4 CITY ST ZIP | |
| TITLE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY ST ZIP | | 2.4 CITY ST ZIP | |
| TITLE | | 3.1 TITLE | 789881626187 |
| NAME | | 3.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 3.3 STREET ADDRESS | -07/12/95--01080-028 |
| CITY ST ZIP | | 3.4 CITY ST ZIP | ****233.75 ****233.75 |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY ST ZIP | | 4.4 CITY ST ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY ST ZIP | | 5.4 CITY ST ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY ST ZIP | | 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 110.07(3)(d), 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 it had been
affixed to this document or 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 if an attachment with an address.

SIGNATURE:

(Signature, typed or printed name of signing officer or director)

(Initials)

CVR