

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 # **P93000049331 (0)**

1. Corporation Name

CONSOLIDATED BUILDERS, INCORPORATED



Principal Place of Business

Mailing Address

ROUTE 7
BOX 256
DEFUNIAK SPRINGS FL 32433

P.O. BOX 1449
DEFUNIAK SPRINGS FL 32433
US

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

LAIRD, RALPH D
ROUTE 7
BOX 256
DEFUNIAK SPRINGS FL 32433

3. Date Incorporated or Qualified

07/15/1993

3a. Date of Last Report

03/02/1995

4. FET Number

59-3190796

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$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. 199.032,
Florida Statutes ☒ Yes ☐ No

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

(Signature of Registered Agent required upon filing of this report)

(Signature of Registered Agent required when changing)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP 2. TITLE NAME STREET ADDRESS CITY, ST, ZIP 3. TITLE NAME STREET ADDRESS CITY, ST, ZIP 4. TITLE NAME STREET ADDRESS CITY, ST, ZIP 5. TITLE NAME STREET ADDRESS CITY, ST, ZIP 6. TITLE NAME STREET ADDRESS CITY, ST, ZIP	1. 1. TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP 2. 2. TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP 3. 3. TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP 4. 4. TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP 5. 5. TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP 6. 6. TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP

PO
BUTTS, R B
ROUTE 6, BOX 684
DEFUNIAK SPRINGS FL 32433
VD
WHITE, DAVID
ROUTE 1, BOX 954
DEFUNIAK SPRINGS FL 32433
STD
LAIRD, RALPH D
ROUTE 7, BOX 256
DEFUNIAK SPRINGS FL 32433
VD
FRIZZELL, ART
ROUTE 7, BOX 1269
DEFUNIAK SPRINGS FL 32433

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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 if changed, or in an attachment with an address.

SIGNATURE: *David White* DAVID WHITE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-96

904 892-0566
Telephone #

CR2E034 (12/95)