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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS P93000050444 (7)

DOCUMENT # 1. Corporation Name

Principal Place of Business

1104 NORTH BELCHER ROAD

CHURCHILL BUILDERS AND DEVELOPERS, INC.

1104 NORTH BELCHER ROAD DUNEDIN FL 34698	1104 NORTH BELCHER ROAD DUNEDIN FL 34698	
2. Principal Place of Business	2a. Maing Address	
Suite, Apt. #, etc	Suite, Apt. #, etc.	
City & State	City & State	

3a. Date of Last Report

06/14/1995

Applied For

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualified

07/12/1993

59-3216803

4. IELNumber

<u></u>	P1 V 1884	27			Fee Required			
City & State		Oity & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Ζιρ]	Country 25	Ζφ 29	30	untry	ntry 8. This corporation has liability for intengitive tax under s. 199.032, Florida Statutes Yes (2 No.			
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
JONES, ROBERT J 6500 CENTRAL AVENUE				81	81 Name			
				82	Street Address (P.O. Box Number is Not Acceptable)			
					83			
				84	84 City			

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. Thereby accept the appointment as registered agent. Lam

12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
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TREET ADDRESS	1104 NORTH BELCHER ROAD		1.3 STREET ADDRESS			
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TREET ADDRESS			6.3 EET ADDRESS			
ITY - ST - ZIP			64 (+SF ZIP			

Too hereby certify that the information supplied with this light is voluntarily furnishing any certify that the information indicated on this annual report or supplemental annual report oath; that I am an officer or director of the corporation or the receiver or trustue employ appears in Block 12 or Block 12 of Block 12 of or an attachipent with an address

ioes not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes I further true and accurate and that my signature shall have the same legal effect as if made under all to execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE: