

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 17 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P93000053880 (9)**

1. Corporation Name  
**SAPPHIRE BUILDERS, INC.**



Principal Place of Business  
**7733 W. NEWBERRY RD.  
STE B-2  
GAINESVILLE FL 32606  
US**

Mailing Address  
**7733 W. NEWBERRY RD.  
STE B-2  
GAINESVILLE FL 32606-8725  
US**

3. Date Incorporated or Qualified **07/28/1993** 3a. Date of Last Report **04/16/1996**

2. Principal Place of Business  
21 **101 NW 75<sup>th</sup> STREET** 2a. Mailing Address  
26 **101 NW 75<sup>th</sup> STREET**

4. FEI Number **59-3198830** Applied For  
Not Applicable

22 **SUITE 1** 27 **SUITE 1**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 **GAINESVILLE FL.** 28 **GAINESVILLE, FL.**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 **32607** 25 **USA** 29 **32607** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**JOHNSON, CARL L  
2731 N.W. 41ST STREET  
SUITE B-3  
GAINESVILLE FL 32606**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>PUGH, MERRILL</b>	
STREET ADDRESS	<b>7733 W NEWBERRY RD, STE B2</b>	
CITY - ST - ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>CLAYTON, MICHAEL W</b>	
STREET ADDRESS	<b>7733 N NEWBERRY STE B2</b>	
CITY - ST - ZIP	<b>GAINESVILLE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Pugh, MERRILL</b>	
1.3 STREET ADDRESS	<b>101 NW 75th St. # 1</b>	
1.4 CITY - ST - ZIP	<b>GAINESVILLE, FL. 32607</b>	
2.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>CLAYTON, MICHAEL W.</b>	
2.3 STREET ADDRESS	<b>101 NW 75th STREET #1</b>	
2.4 CITY - ST - ZIP	<b>GAINESVILLE, FL. 32607</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing 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 address.

SIGNATURE: **Michael W. Clayton** **4997** **352-332-8704**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)