

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

FILED

96 SEP 16 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000006559 (6)

1. Corporation Name

CHAMPAGNE BUILDERS, INC.

Principal Place of Business

Mailing Address

16141 EAST BURNS DRIVE
LOXAHATCHEE FL 33470

105 CIBILO BRANCH
BOERNE TX 78006
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 429 Highway 46 West

22 City & State

27 Boerne, TX

23 Zip Country

28 78006 USA

24

25

29

30

3. Date Incorporated or Qualified

01/27/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0467648

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. 199.03?
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRANTHAM, KIRK
1860 FOREST HILL BLVD
SUITE 105
WEST PALM BEACH FL 33406

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

600001950406
-09/18/96--01052--016
****260.00 PL ****225.00

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 typed or printed name of registered agent and the payable fee

(NOTE: Registered Agent signature required when reinstating)

(CA)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GRANTHAM, KIRK
STREET ADDRESS 1860 FOREST HILL BLVD. #105
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE PD
NAME CHAMPAGNE, RICHARD
STREET ADDRESS 105 CIBILO BRANCH
CITY-ST-ZIP BOERNE TX

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE PD
22 NAME CHAMPAGNE, Richard
23 STREET ADDRESS 429 Highway 46 West
24 CITY-ST-ZIP Boerne, TX 78006

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/96

210816 2026

CR2E034 (3/96)

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-9171
904-222-0393 FAX

800-342-8086

pg 2

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ACCOUNT NO. : 072100000032

REFERENCE : 086711 7107920

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : September 16, 1996

ORDER TIME : 1:31 PM

ORDER NO. : 086711

CUSTOMER NO: 7107920

CUSTOMER: Charles R. Hickman, Esq
Charles Ryan Hickman, P.a.
Suite 300
230 Royal Palm Way
Palm Beach, FL 33480

ANNUAL REPORT FILING

NAME: CHAMPAGNE BUILDERS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Helentjaris

EXAMINER'S INITIALS: _____

RECORDED
96 SEP 16 PM 2:03
DIVISION OF CORPORATION

File Ind