SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

,	1997	DIVISION OF CO	ORPORATIONS		
DOCUMENT # DOMODO17201 (0)				97 SEP 26 Fi	13:11
DOCUMENT # P94000017301 (0)				energy and the	∴ CTAY#
CARVER BUILDERS, INC.				SECRETARY OF TALLARASSEE.	FLORIDA
				1 1861 (1861) (1861) (1861) (1861) (1861)	IJI BATON JABIN TAKKA HINYI BAHAN JUBU 1881
Principal Place of Business Mailing Address					it na san ethel egoba lifte obial lift imili
4284 HWY. 90 4284 HWY. 90 PACE FL 32571				1	
FACE PE SEST	'	PROC PL 363/1		DO NOT WRITE	IN THIS SPACE
				3. Date Incorporated or Qualified	3a. Date of Last Report
				02/28/1994	10/03/1996
2. Principal Place of Business 28. Mailing Address				4. FEI Number	Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			59-3234766	Not Applicable \$8.75 Additional	
22 27				5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	
24	25		30	Personal Property Tax due June 10. Name and Address of New Re	
				10. Name and Address of New Ae	distoran waaiii
4004 LIMO OO					
PACE FL 32571				ddress (P.O. Box Number is Not Acceptable)	
83			83		
			84 City		85 Zip Code
			Oily		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 a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flori	ida Statules.	none board or embotors. Thereby about	st the appointment as registered
SIGNATURE	Signature, typed or printed name of registered as	AKYLE (MCLE	Registored Agent signature requi	is d who exicatalized	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STEELE, HOWARD J		1.2 NAME		
STREET ADDRESS	4284 HWY. 90		1.3 STREET ADDRESS	_	
CITY ST-ZIP	PACE FL 32571	The same	14 CITY-ST-ZIP	5000023	1075059
TITLE	CARVER, STANLEY A	DELETE	2.1 TITLE	-09/3[797- 10035-102 4000 558.75 ****558.75
NAME	4284 HWY. 90		2.2 NAME	米米米米!	356.13
STREET ADORESS	PACE FL 32571		2.3 STREET ADDRESS		·
CITY-ST-ZIP TITLE	\$	DELETE	2. 4 CITY-S1-ZIP	13 -2 (12) 5/5/	Change Addition
NAME	CARVER, S. ELLEN	Balant P. C.	32 NAME	RVER, SARA EILEN	
STREET ADDRESS	4284 HWY. 90		3.3 STREET ADDRESS	TRUCKY STITE DISE	
CITY-ST-ZIP	PACE FL 32571		3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Foreste	4.4 CHY+S1-ZIP		05
TITLE		☐ DELETE	5 1 THEF		☐ Change ☐ Addition
NAME express approace			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
TITLE	**************************************	☐ DELETE	6.1 TITLE		∩ ☐ Change ☐ Addition
NAME		_	6.2 NAME		
STREET ADDRESS	1		6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		W 40

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 lifehanged, or on an attachment with an address.