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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 17 1997 8:00am  
Secretary of State

DOCUMENT # P94000039847 (6)

1. Corporation Name

TRUE DIMENSION BUILDERS, INC.



Principal Place of Business

Mailing Address

3221 PARK STREET  
JACKSONVILLE FL 32205

3221 PARK STREET  
JACKSONVILLE FL 32205-7826

3. Date Incorporated or Qualified

05/20/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEAS, MICHAEL R  
1 INDEPENDENT DR., STE. 2800  
JACKSONVILLE FL 32202

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, typed or printed name of registered agent and date applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	DELETE
NAME	JENKINS-FRYE, NANCY L	
STREET ADDRESS	3221 PARK STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	DELETE
NAME	FRYE, ALLEN	
STREET ADDRESS	3221 PARK STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	DELETE
NAME	FRYE, WILLIAM	
STREET ADDRESS	1408 EOLA COURT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DIRECTOR	Change	Addition
1.2 NAME	MARK ALLEN FRYE		
1.3 STREET ADDRESS	5609 STETSON ROAD		
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32217		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	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:

*Nancy L. Jenkins-Frye*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy L. Jenkins-Frye

April 8, 1997

Date 904-387-1482 Phone #

0030623

CR2E034 (9/96)