

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

FILED

May 14 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 # P94000052900 (5)
 1. Corporation Name
DREAM BUILDERS CONSTRUCTION INC.



| | |
|--|---|
| Principal Place of Business P.O. BOX 5397 NAVARRE FL 32566 | Mailing Address P.O. BOX 5397 NAVARRE FL 32566-0397 |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 07/18/1994 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-3252279 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---------------------------------------|------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 State, Apt #, etc. | 26 State, Apt #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent

MILLS, CAREY C
4751 PERSIMMON HOLLOW RD
MILTON FL 32583

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) 3605 George Lane |
| 83 |
| 84 City Navarre |
| 85 Zip Code FL 32566 |

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|----------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | MILLS, CAREY C | |
| STREET ADDRESS | 4751 PERSIMMON HOLLOW RD. | |
| CITY - ST - ZIP | MILTON FL 32583 | |
| 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 | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| |
|--|
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.1 TITLE |
| 1.2 NAME |
| 1.3 STREET ADDRESS 3605 George Lane |
| 1.4 CITY - ST - ZIP Navarre, FL 32566 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE |
| 2.2 NAME |
| 2.3 STREET ADDRESS |
| 2.4 CITY - ST - ZIP |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE |
| 3.2 NAME |
| 3.3 STREET ADDRESS |
| 3.4 CITY - ST - ZIP |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE |
| 4.2 NAME |
| 4.3 STREET ADDRESS |
| 4.4 CITY - ST - ZIP |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE |
| 5.2 NAME |
| 5.3 STREET ADDRESS |
| 5.4 CITY - ST - ZIP |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE |
| 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 included 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: *Carey Mills* **DATE:** _____ **DAYTIME PHONE #:** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)