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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000054503 (5)**1. Corporation Name

TRIZONIS BUILDERS, INC.

FILED
May 01 1997 8:00am
Secretary of State



Principal Pl	ace of Business	Mailing Address								
1233 ARDSU JACKSONVIL		1233 ARDSLEY ROAD JACKSONVILLE FL 32207-7511								
						3. Date Incorporated or Qualified 07/22/1994		3a. Date of Last Report 05/01/1996		
2. Principa	Place of Business	2a. Mailing	Address			4. FEI Number			oplied For	
1]		26				59-3256447		N	ot Applicab	
	pt # etc	Suite A	pt. #. etc.			- 0 10 10 10 10	,	\$8.75	Additional	
		27				Certificate of Status De	esired	Fee R	bariupe	
City & St	ta'c	City & S	itate			6. Election Campaign Fin	ancing	\$5.00	May Be	
		28				Trust Fund Contribution	· —		to Fees	
Zip Country		Zip	Zip Country		8. This corporation has list			. 199.032,		
	25	29		30		Florida Statutes	Yes [
	Name and Address of Curr	ent Registered Ag	ent			10. Name and Address o	New Registered	Agent	-J.J.	
W	OLF, WAYNE A			8.	Name					
3733 UNIVERSITY BLVD. WEST					82 Street Address (P.O. Box Number is Not Acceptable)					
	UITE 203			"	0,100,740	אסור בו יספורוטור אפט יסי ון ספטוג	71000piaoloj			
	ACKSONVILLE FL 32217			8	3					
•				ļ_				1:-1 ***		
				84	City		FL	85 Zip	Code	
12.	Seprensing series printed name of equilibrium of OFFICERS A	AND DIRECTORS		13.	gant agratore requ	uired when reinstaling) ADDITIONS/CHANGES	DATE TO OFFICERS AND	DIRECTO	RS IN 12	
12. Milf	D		DELETE	1.1 TITLE	·····	ADDITIONS/CHANGES	TO OFFICERS AND	Change	Addit	
tMi	TRIZONIS, NICHOLAS C	·		1.2 NAME	1					
TREE : ACDES:	IDDALEU DD				ET ADDRESS					
aly-ST-ZIF	JACKSONVILLE FL 32207			1.4 CITY-	· · · · · }	•				
flf	D		DELETE	211016			· · · · · · · · · · · · · · · · · · ·	Change	☐ Addil	
IAMI	TRIZONIS, FELICIA G			2.2 NAME	:			-		
STREET AD ORES	AAAA ABBALEU BB				T ADDRESS		•			
ati - \$1-21P	JACKSONVILLE FL 32207			2. 4 CITY						
111		Arasm Lorenzo	DELETE	3.1 10 LE				Change	Addit	
AME				3.2 NAME						
STREET ASSOCIATE	ns.			3.3 STRE	ET ADDRESS		;			
(117 - ST - ZIP				3.4. C/TY	1					
HILF			DELETE	4.1 TI*LE		***************************************		Change	Addit	
yAMI				4. 2 NAM	E					
STREET ACCORES	85			4.3 S1RE	ET ADDRESS					
DIY-SI ZIP				4.4 CITY						
131.323.433 - 131.6			DELETE	5.1 Title				Change	Addit	
IAME				5.2 Name	1					
STREET ADDRE	55				ET ADORESS	:				
011 - S 1 - 702				5.4 CITY	!					
DILE			DELETE	6.1 TITLE				Change	Addit	
NAME		!		6.2 NAME	1	***				
newe S1REELADORE:				O.Z NAME	.					
51 D. C. L. PH. P. S. C. L.	C C			e a ever	T ADODECC					
CITY ST ZIE	ςς			6.3 STRE	ET ADDRESS	٠.				

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and cated 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

904-443-0004

ome prone #