

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

5 MAY -1 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000077563 (2)

CAMBRIDGE BUILDING COMPANY

DO NOT WRITE IN THIS SPACE.

3. Date of Incorporation or Qualification 10/21/1994	3a. Date of Last Report
4. FEI Number 59-3278111	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 § 190.04, Florida Statutes. ☐ Yes ☐ No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Country
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9. Name and Address of Current Registered Agent MASCARA, ERNEST L 877 EXECUTIVE CENTER DR. WEST SUITE 303 ST. PETERSBURG FL 33702	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code ERNEST L MASCARA FL
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11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 607.0502, Florida Statutes.

SIGNATURE: *[Signature]* *[Signature]* 2-8-95

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP 6. NAME 7. STREET ADDRESS 8. CITY 9. STATE 10. ZIP 11. NAME 12. STREET ADDRESS 13. CITY 14. STATE 15. ZIP 16. NAME 17. STREET ADDRESS 18. CITY 19. STATE 20. ZIP 21. NAME 22. STREET ADDRESS 23. CITY 24. STATE 25. ZIP	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY 5. STATE 6. ZIP 7. NAME 8. STREET ADDRESS 9. CITY 10. STATE 11. ZIP 12. NAME 13. STREET ADDRESS 14. CITY 15. STATE 16. ZIP 17. NAME 18. STREET ADDRESS 19. CITY 20. STATE 21. ZIP 22. NAME 23. STREET ADDRESS 24. CITY 25. STATE 26. ZIP 27. NAME 28. STREET ADDRESS 29. CITY 30. STATE 31. ZIP 32. NAME 33. STREET ADDRESS 34. CITY 35. STATE 36. ZIP 37. NAME 38. STREET ADDRESS 39. CITY 40. STATE 41. ZIP 42. NAME 43. STREET ADDRESS 44. CITY 45. STATE 46. ZIP 47. NAME 48. STREET ADDRESS 49. CITY 50. STATE 51. ZIP 52. NAME 53. STREET ADDRESS 54. CITY 55. STATE 56. ZIP 57. NAME 58. STREET ADDRESS 59. CITY 60. STATE 61. ZIP 62. NAME 63. STREET ADDRESS 64. CITY 65. STATE 66. ZIP 67. NAME 68. 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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am not applying for the exemption provided in Section 190.02, Florida Statutes. I further certify that the information is true and correct, that I am not applying for the exemption provided in Section 190.02, Florida Statutes, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the nominee or trustee who is applying for the exemption provided in Section 190.02, Florida Statutes, and I am not applying for the exemption provided in Section 190.02, Florida Statutes.

SIGNATURE: *[Signature]* SIMON A. AGER 2-8-95 813 535 5330