

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 27 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000086433 (7)

1. Corporation Name

SUPERIOR HOME BUILDERS & CONTRACTORS INC.

Principal Place of Business

402 NORTH 9TH STREET  
DEFUNIAK SPRINGS FL 32433

Mailing Address

402 NORTH 9TH STREET  
DEFUNIAK SPRINGS FL 32433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/29/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number

59-3283690

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 S. 199.032,  
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

HALL, BENNY F  
RT. 1 BOX 277  
PONCE DE LEON FL 32455

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

*Benny F Hall*

(DATE Registered Agent signature required when necessary)

4/24/95  
DATE

12. OFFICERS AND DIRECTORS

TITLE: D, VP, Treasurer  
NAME: HALL, BENNY F  
STREET ADDRESS: P.O. BOX 337 N/A  
CITY ST ZIP: PONCE DE LEON FL 32455

TITLE: D, Pres, Secretary  
NAME: Grant, Jacky L  
STREET ADDRESS: Rt 2 Bx 456  
CITY ST ZIP: Ponce de Leon Fl 32455

TITLE: NAME: STREET ADDRESS: CITY ST ZIP:

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE  Change  Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE  Change  Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE  Change  Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE  Change  Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE  Change  Addition

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(3)(b), 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:

*Jacky L Grant*

JACKY L GRANT, President

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4/24/95  
DATE

904.836.4455  
TELEPHONE #