

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000094276 (0)**

1. Corporation Name

BEST BUILT, INC.



Principal Place of Business

Mailing Address

**4345 THOMAS DR
F-33
PANAMA CITY BEACH FL 32408**

**4345 THOMAS DR
F-33
PANAMA CITY BEACH FL 32408**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MORRISETTE, CHARLES M
4345 THOMAS DR
F-33
PANAMA CITY BEACH FL 32408**

3. Date Incorporated or Qualified

12/29/1994

3a. Date of Last Report

02/20/1995

4. FEI Number

59-3284911

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

10. Name and Address of New Registered Agent

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

(Type or Print Name of Signer)

(Type or Print Name of Agent or Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

1. NAME

2. STREET ADDRESS

3. CITY, ST, ZIP

4. TITLE

5. NAME

6. STREET ADDRESS

7. CITY, ST, ZIP

8. TITLE

9. NAME

10. STREET ADDRESS

11. CITY, ST, ZIP

12. TITLE

13. NAME

14. STREET ADDRESS

15. CITY, ST, ZIP

16. TITLE

17. NAME

18. STREET ADDRESS

19. CITY, ST, ZIP

20. TITLE

21. NAME

22. STREET ADDRESS

23. CITY, ST, ZIP

24. TITLE

25. NAME

26. STREET ADDRESS

27. CITY, ST, ZIP

28. TITLE

29. NAME

30. STREET ADDRESS

31. CITY, ST, ZIP

32. TITLE

33. NAME

34. STREET ADDRESS

35. CITY, ST, ZIP

36. TITLE

37. NAME

38. STREET ADDRESS

39. CITY, ST, ZIP

40. TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. I am an officer or director of the corporation or the partner 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 or changes or on an addition only with an address.

SIGNATURE:

Charles M. Morissette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96 904-233-1723
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