

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000020306 (3)**

1. Corporation Name

C & D BUILDERS, INC.



Principal Place of Business

Mailing Address

P.O. BOX 57354
JACKSONVILLE FL 32241

P.O. BOX 57354
JACKSONVILLE FL 32241

2. Principal Place of Business

2a. Mailing Address

21 **3003 Hartley Rd**

26 **P.O. Box 57354**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **#4**

27

City & State

City & State

23 **JAX Fla.**

28 **JAX Fla.**

Zip

Country

Zip

Country

24 **32257**

25 **Duval**

29 **32241**

30 **Duval**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

03/13/1995

4. FET Number

Applied For

59-3358203

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

**ALLEN, GLENN K
353 EAST FORSYTH STREET
JACKSONVILLE FL 32202**

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

Signature of the person who is the registered agent for the corporation

Signature of the person who is the registered agent for the corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **DUBBERLY, VERNON**
STREET ADDRESS **P.O. BOX 57354 N/A**
CITY-ST-ZIP **JACKSONVILLE FL 32241**

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2. TITLE ☐ Change ☒ Addition
2. NAME **VICE-PRES./ Tres.**
3. STREET ADDRESS **Karen Shackelford**
4. CITY-ST-ZIP **7305 Amandas Crossing Dr. S.**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3. TITLE ☐ Change ☒ Addition
3. NAME **(SECT)**
4. STREET ADDRESS **W. KEITH BROWN**
5. CITY-ST-ZIP **3682 BALTUSROL COURT**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4. TITLE ☐ Change ☒ Addition
4. NAME **2nd V-President**
5. STREET ADDRESS **Russell B. Chavers**
6. CITY-ST-ZIP **4362 S. Spurline dr.**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition
5. NAME
6. STREET ADDRESS
7. CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. 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 Section 119.07(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: **Karen Shackelford**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96

904-262-0984

CR2E034 (12/95)