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Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000020306 (3)**

1. Corporation Name
C & D BUILDERS, INC.

Principal Place of Business	Mailing Address
3063 HARTLEY RD #4 JACKSONVILLE FL 32257 US	P. O. BOX 57354 JACKSONVILLE FL 32241-7354 US

3. Date Incorporated or Qualified: 03/13/1995
3a. Date of Last Report: 04/16/1996

2. Principal Place of Business
21: 4243 Sunbeam Rd
22: #5
23: JAX. Fla.
24: 32257
25: Dural

2a. Mailing Address
26:
27:
28:
29:
30:

4. FEI Number: 59-3358203 ☐ 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

ALLEN, GLENN K
353 EAST FORSYTH STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: Karen Shackelford
82 Street Address (P.O. Box Number is Not Acceptable): 4243 Sunbeam Rd.
83:
84 City: JAX. Fla. FL 85 Zip Code: 32257

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: Karen Shackelford 2/7/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DUBBERLY, VERNON		1.2 NAME		
STREET ADDRESS	P.O. BOX 57354 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32241		1.4 CITY-ST-ZIP		
TITLE	VPT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KAREN SHACKELFORD		2.2 NAME		
STREET ADDRESS	7305 AMANDAS CROSSING DRIVE, S		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE	2ND VICE President - Sec	☐ Change ☒ Addition
NAME	W KEITH BROWN		3.2 NAME	William J. Dean	
STREET ADDRESS	3882 BALTUSROL COURT		3.3 STREET ADDRESS	11850 Old Kings Rd N.	
CITY-ST-ZIP	GREEN COVE SPRINGS FL		3.4 CITY-ST-ZIP	JAX. Fla. 32219	
TITLE	VP	☐ DELETE	4.1 TITLE	3rd V. President	☒ Change ☐ Addition
NAME	RUSSELL B CHAVERS		4.2 NAME	Russell B. Chavers	
STREET ADDRESS	4362 S SPURLINE DRIVE		4.3 STREET ADDRESS	4362 S. Spurline Dr.	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	JAX. Fla. 32257	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 2/7/97 (904) 443-6010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038060