FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000033861 (2)

LAKE CITY BUILDERS, INC.

Principal Place of Business Marling Address											
6721 COUNTRY ROAD 248 (FORD ROAD AND LAKE JEFFREY HIGHWAY) OBRIEN FL 32071		(FORD ROAD	P.O. BOX 1254 (FORD ROAD AND LAKE JEFFREY HIGHWAY) BRANFORD FL 32008-1254								
US		US	ÜS			 Date Incorporated or Qualified 04/26/1995 		Date of Last Report 17/05/1996			
 1	lace of Business	2a. Mailing A	ddress				4. FEI Number			plied For	
Sulte, Apt.	# oto	Suite, Ap	1 # oto				59-3308821			t Applicable	
22	π, ο ιο.	27	u. w. eus.				5. Certificate of Status Desired		\$8.75 A		
City & State	9	City & Sta	 ale				6. Election Campaign Financing		\$5.00	·	
23		28					Trust Fund Contribution		Added t		
Zip	Country	Zip		Cou	ntry		8. This corporation has liability for			199.032,	
24	25 29 30 30 30 30 30 30 30 30 30 30 30 30 30						Florida Statutes Yos No 10. Name and Address of New Registered Agent				
A M 41		nt Hegistered Age	:nt 		81	Name	10. Name and Address of New H	egisterea	Agent		
MULVIHILL, GREG 6721 COUNTY ROAD											
	ROAD & LAKE JEFFREY HIG	MANAY)	VAY)			Street Add	dress (P.O. Box Number is Not Acceptable)				
	IEN FL 32071	M 111017									
9511	IPIA I C OFOI I				84	City			105 7:0 (Code	
					04	City		FL	85 Zip (Joue	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, F	lorida Statute	s, the at	oove	-named cor	poration submits this statement for the	purpose o	f changing it	s registered	
agent. I a	m familiar with, and accept the oblig	ations of Soction	607 050 Flo	rida Stat	utes	THE COLDOLS	tion's board of directors. I hereby according		/	registered	
SIGNATURE	/ hes	U Mule		<u>රා</u>	20	86, ().)	Maryitia	Z/13	197		
	Signature, typod or printed name or registrour ag	ent and title if applicable ID DIRECTORS	(NOT)	Hegislerer	: Ager	nt signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFF	CEDS AND	2 DIDECTOR	C IN 10	
12.	P	the second second second second	DELETE	1.1 311	TLE.		ADDITIONS/GHANGES TO GIT	OLIIS ANI	Change	Addition	
NAME	MULVIHILL, GREG D			1.2 NA	AME				•		
STREET ADDRESS	6721 COUNTRY RD 248			1.3 ST	REET	ADDRESS					
CITY-ST-ZIP	OBRIEN FL 32071			1.4 01	1Y-S1	I - ZiP					
TITLE	S		DELETE	2 111	TLE				☐ Change	Addition	
NAME	MULVIHILL, CAROL J			2.2 N/4	AME						
STREET ADDRESS	6721 COUNTRY ROAD 248					ADDRESS					
CITY-ST-ZIP	OBRIEN FL 32071		DELETE	2.40		1 - 7IP			Change	Addition	
TITLE NAME		L	T DUCK	3.1 T/ 3.2 N/					C Cusuffe	Addition	
STREET ADDRESS	i		•			ADDRESS					
CITY-ST-ZIP						1 - 7IP	T.				
TITLE			DELETE	4.1 11					Change	Addition	
NAME				4.2 N	AME						
STREET ADDRESS				4.3 ST	REET.	ADDRESS				i	
CATY-ST-ZIP			-	4.4 CI	[Y - S]	T- ZIP					
TITLE		L	_J DELETE	5.1 [1]	116				L Change	Addition	
NAME				5.2 NA							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP TITLE		·····	DELETE	5.4 CI 6.1 TI	14 - \$1 11 f	1-70			Change	Addition	
NAME		L		6.2 N/					- Sumings	aamon	
STREET ADDRESS				1		ADDRESS					
CITY-ST-ZIP				6.4 CI							
14 I do herel	by certify that the information supplie	ed with this filing de	oes not qualify	v for the	exe	motion state	ed in Section 119.07(3)(i). Florida Statul	es. I furthe	er certify that	the	
lam an o	on indicated on this annual report or officer or director of the corporation on In Block 12 or Block 13 it changed, or	or the receiver or tru	ustee empowi	ored to d	HCCU EXEC	ute this repo	at my signature shall have the same log ort as required by Chapter 607, Florida	Statutes; a	s ii iiiade un and that my r	oer oain; inat name	