

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000034693 (8)

1. Corporation Name

CERTIFIED BUILDING CORP.



Principal Place of Business

Mailing Address

P.O. BOX 360634  
MELBOURNE FL 32936-0634

P.O. BOX 360634  
MELBOURNE FL 32936-0634

2. Principal Place of Business

2a. Mailing Address

21 251 COCONUT DR.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 INDIANLAND, FL.

28 City & State

24 32903 25 USA

29 30

3. Date Incorporated or Qualified  
05/01/1995

3a. Date of Last Report

4. FEI Number

59-3313073

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

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

81 Name JEFF PARKER

82 Street Address (P.O. Box Number is Not Acceptable)  
251 COCONUT DR.

83

84 City INDIANLAND

FL

85 Zip Code 32903

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 JEFF PARKER

(NOTE: Registered Agent signature required when reinstating)

DATE 1-23-96

12. OFFICERS AND DIRECTORS

1. 1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

2. 1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

3. 1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. 1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. 1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. 1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

7. 1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

8. 1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2. 1. TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3. 1. TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4. 1. TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5. 1. TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6. 1. TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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)(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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFF PARKER

Date

Daytime Phone #

1-23-96

4-7-723-2126

CR2E034 (12/95)