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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE PROFIT CORPORATION Sandra B. Mortham FILED Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 96 DEC 10 AM 11: 09 1996 DOCUMENT #P95000053698 SECRETARY OF STATE TALLAHASSEE, FLORIDA 3. Date Incorporated or Qualified 3a. Date of Last Report Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 45 75 Low Vinic Suite, Apt. *, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State Election Campaign Financing City & State Added to Fees トー Trust Fund Contribution 28 1107 FI 8. This corporation has liability for intang-ble tax under s. 199.032 23 Country Country Ζip Yes No Leow Fiorida Statutes 9. Name and Address of Current Registered Agent 3231 30 32344 10. Name and Address of New Registered Agent Name 16010 Box Number is Not Acceptable) 82 63 Zip Code 3ఎ 3 4 나 14 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Fiorida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida, 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. DATE (NOTE Registered Agent signature required when reinstating) SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (3/96) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. ___ Change ___ Addition 11 TiTLE Micole Doswell 3000002029123---0 CR2E034 12 NAME 045 Box 5017 -12/13/96--01085--005 ****208.75 ****208.7 NAME 13 STREET ADORESS ****208.75 STREET ADDRESS 14 CHY-ST-ZIP ___ Addition City-St-ZIP Change CAROLYNE) ROUH 4575 LONVINIC CT 2 1 TiTLE NAME COS 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CHTY - ST - ZIP Change Addition CITY-ST-ZIP 3 1 TITLE TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP Addition CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4.2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP Addition ÇITY-ST-ZIP Channe DELETE 51 TITLE THE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP Change __ Addition CITY-ST-ZIP DELETE 6 1 1 ITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 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 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 further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or amont attachment with an address 12 10 9b

December 10, 1994

Demolition & Renovation fovestments, Inc. Rt b Box 5217 Nonticello, Fla 32347

State of Florida Div. Of Corporations Tallahasne, Fl.

Dear Siris

We did not receive actics of our corectate reason due to the fact that the post office changed our mailing andrews iwice in the last few mention. The address that you have is Rt 3 Box 318 but it was subsequently changed to Rt 2 Box 31 BB and new it is Rt 5 lox 5217. With the last change we essentially stopped getting any mail.

If was not for intention to let our corporation expire. We would like to set it reinstates immediately.

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Carolyne C. Routt Vice-President