## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Sep 22 1997 8:00am Secretary of State

DOCUMENT # P95000062973 (9)

JENKINS	MENT # P95000 B BUILDERS OF WINTER PA					
2304 ALOMA A		2304 ALOMA AVENUE				
WINTER PARK	FL 32792	WINTER PARK FL 32792		DO NOT V	VRITE IN THIS SPACE	
į į				3. Date Incorporated or Qual	ified 3a. Date of Last Report	
2 Principal F	Place of Business	2a. Mailing Address		08/15/1995 4. FEI Number	06/11/1996 Applied For	
21		26 14229 PROTON RI).		59-3331118	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$9.75 Additional	
22		27		5. Certificate of Status Desire	Fee Required	
City & Stat	te	City & State 28 PAUAS TV		6. Election Campaign Financ Trust Fund Contribution	ing \$5.00 May Be Added to Fees	
Zip	Country 25	29 75244 s	Country 30 USA	This corporation owes or h     Personal Property Tax due	as paid the current year Intangible June 30. Yes No	
	9. Name and Address of Curren	it Registered Agent		10. Name and Address of Ne	w Registered Agent	
	H, RANDOLPH J		81 Nam	e		
250 PARK AVENUE SOUTH			82 Stree	Address (P.O. Box Number is Not Acceptable)		
	FLOOR					
WIN:	TER PARK FL 32789		83			
,			84 City		FL 85 Zip Code	
11. Purewant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statute	s the above-name	ed corneration submits this statement for	the purpose of changing its registered	
office or agent. La	registered agent, or both, in the State am familiar with, and accopt the oblig-	of Florida, Such change was at ations of, Section 607,0505, Flor	ithorized by the coida Statutes.	orporation's board of directors. I hereby	the purpose of changing its registered accept the appointment as registered	
SIGNATURE	Signature, typed or printed hame of registered age	AICAL	Breistane Anna	ure required when reinstating)	DATE	
12.	Of FICERS AN		13.		OFFICERS AND DIRECTORS IN 12	
TITLE	PT	☐ DELÉTE	1.1 TOLE		Change Addition	
NAME	CUNY, PHIL		1.2 NAME			
STREET ADDRESS	1178 TROTWOOD BLVD.		1.3 STREET ADDRESS	S		
CITY-ST-ZIP	WINTER SPRINGS FL 32708		1.4 CHY+ST-ZIP			
THTLE	VS	☐ DELETE	2 1 TITLE	<b>\</b>	Change Addition	
NAME	BARNES, WALT		2 2 NAME			
STREET ADDRESS	440 WINDHAVEN LANE		2.3 STREET ADDRESS	S		
CITY-ST-ZIP	DALLAS TX 75287	DELFTE	2.4 CITY - ST - ZIP		Change Acdition	
TITLE NAME		רין מניניונ	3.1 HTLE 3.2 NAME			
STREET ADDRESS	1		3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	3		
CITY-ST-ZIP			4.4 C(1) - S1 - Z(P			
TITLE		☐ DELETE	5 1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREFT ADDRESS	5		
CITY-ST-ZIP		Trees	5.4 CITY-ST-ZIP		1160	
TITLE		☐ DELETE	6 1 TITLE		L Change L Addition	
NAME CTOTES IDDOCOS			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	`		

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 eath; that I am an officer or director of the proportion or the deceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 11 if challing it or that attachment with an address.

CIGNATUDE: