

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 # P95000072524 (8)

1. Corporation Name

J.D. PATTERSON BUILDERS, INC.

Principal Place of Business

625 39TH CT. SW
VERO BEACH FL 32968

Mailing Address

625 39TH CT. SW
VERO BEACH FL 32968



3. Date Incorporated or Qualified

09/18/1995

3a. Date of Last Report

2. Principal Place of Business

21 7085 N. US #1

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. Box 365

Suite, Apt. #, etc.

27 P.O. Box 365

City & State

23 Wabasso FL

City & State

28 Wabasso, FL

Zip

24 32970

Country

25 Indian River

Zip

29 32970

Country

30 Indian River

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATTERSON, JOSEPH D
625 39TH CT, SW
VERO BEACH FL 32968

81 Name

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

83

84 City

FL

85 Zip Code

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

Joseph D. Patterson

Joseph D. Patterson

2-6-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME PATTERSON, JOSEPH D
STREET ADDRESS 625 39TH CT, SW
CITY- ST- ZIP VERO BEACH FL 32968

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE D
NAME PATTERSON, RONAL
STREET ADDRESS 625 39TH CT, SW
CITY- ST- ZIP VERO BEACH FL 32968

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE D
NAME PATTERSON, IMOGENE
STREET ADDRESS 625 39TH CT, SW
CITY- ST- ZIP VERO BEACH FL 32968

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- 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

Joseph D. Patterson

Date

Daytime Phone #

CR2E034 (12/95)