CORP	ROFIT PORATION AL REPORT	Sandra E	TMENT OF STATE 3. Mortham 29 of State		
	996		or State		
DOCUM		00091641 (7	')		
1. Corporation f	Name		,		
RON E	Balduf Builders Inc.				
Principal Place c	of Business	Mailing Address		A TAREFARE JER TATAL ANTIC RETURNED TO THE RETURN AND A SET A TRAVER AT A TRAVER AT A TRAVER AT A TRAVER AT A T	DI KUUDI
2429 TIMBE NEW SMYAI	R VIEW DR. RNA BEACH FL 32168	2429 TIMBER VIEW C NEW SMYARNA BEAG			
				3. Date Incorporated or Qualified 3a. Date of Last Report 11/28/1995	
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number Applied Fo	
21 Suite, Apt. #,	etc	26 Suite: Apt. #, etc.		Not Applic	
22		27]		5. Certificate of Status Desired L Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	
Zp	Country 25	Zip [29]	Country 30	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes Xi No	
24	9. Name and Address of Curr			10. Name and Address of New Registered Agent	
B 41 B 1			81 Name		
	f, ronald j Imber view dr.		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
	MYARNA BEACH FL 32168		83		
			84 City	FL 85 Zip Code	
11. Pursuant to	the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above-named corp	coration submits this statement for the purpose of changing its registered bard of directors. I hereby accept the appointment as registered agent. I a	office
familiar with	d agent, or both, in the State of Fic a, and accept the obligations of, Se	action 607.0505, Florida Statutes.	a by the corporation of DC	and an analians, riminary addept the appointment of registerior agains to	
SIGNATURE 5	lg usine, typed or printed name of registriced ag		E: Registered Agent signature requ		í
12 .			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	/
NAMÉ	BALDUF, RONALD J		1.2 NAME	BALDUF, TERNER 19439 Tr.B. Uru	
STREET ADDRESS	2429 TIMBER VIEW DR.	FL 00400	1 3 STREET ADDRESS	1424 Tribe Uni	
CITY_\$1-ZIP TITLE	NEW SMYARNA BEACH	FL 32168	2 1 TITLE	1en Surgans B. Fl 32167	
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ninuf Name			5.2 NAME		
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THE			6 1 TITLE 6.2 NAME		
			6.3 STREET ADDRESS		
NAME STREET ADDRESS					
STREET ADDRESS			64 CITY-ST-ZIP		hor
STREET ADDRESS CITY: ST ZIF 14. 1 do horeby certify that opth; that		nnual report or supplemental arm rporation or the receiver or truste	ished and does not qualif ual report is true and accu empowered to execute	y for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furth urate and that my signature shall have the same legal effect as if made ur this report as required by Chapter 607, Florida Statutes; and that my nar	