FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000084796 (7)

FILED Jun 16 1997 8:00am Secretary of State

Principal Plac 14825 N.W. 14 ALACHUA FL	BUILDERS, INC. Te of Business NOTH STREET	Mailing Address POST OFFICE BOX 2289 ALACHUA FL 32616-2289			
)	,			3. Date Incorporated or Qualified 10/11/1996	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3414360	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		G. Certificate of Status Desired	Fee Required
City & State	ę	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28]	Country	Trust Fund Contribution	Added to Fees
24	25		30	8. This corporation has liability for inta	
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Regis	
SW	ICK, JAMES J II	4°	81 Name	Ames D S	hivers
	25 N.W. 140TH STREET	James D. Shive	VS 82 Street Addr	ess (P.O. Box Number is Not Acceptable)	MILLE
ALA	NCHUA FL 32615	AL BOX 1034 Alachua, Th	P	20. BOX 103	34
	_A	Hlachua Th	83		1
M 40	· ハー ン(1 10.50	84 City	4	85 Zip Code
Purculan	is Need to lockens	For and 607 1509. Elorida Statutos	the above period and	-ACNUM	FL 38616
office or r	registered agent, or both, in the Sta	ate of Florida. Such change was au	thorized by the corporat	oration submits this statement for the purpion's board of directors. I hereby accept the	ne appointment as registered
			ide Statules	/) // 0	1 9 4
SIGNATURE	Signature, typied or printed name of registered	agent and title if pythicable (NOTE:	Registered Age it signature requir	od when remorating)	1-97 DATE
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	PARTNER	DELETE	1.1 TITLE	Δ.,	Change Addition
NAME		hivelana Nul	ENW TOOK	. Alachua, Fl.	i
STREET ADDRESS	P.O. BOX 1034	1978	19 STREET ADDRESS	/	i
CITY-ST-ZIP	ALACHUA,	FL 32614	1.4 CHY-ST-ZIP		
TITLE	PArtner	—	2.1 TITLE	Λ	Change - Addition
NAME CERTET ADDRESS	JAMES J SW		he says	Alachua, El.	
STREET ADDRESS CITY-ST-ZIP	Ro. Box 2289	32616	2.4 CITY-ST-ZIP	, , ,	
TITLE	diachua, 1-c	DELETE	3.1 TITLE		Change Addition
NAME		_	3.2 NAME		
STREET ADDRESS	,		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		
CITY-ST-ZIP		Drutt	4.4 CITY - ST - ZIP	<u> </u>	
TITLE		DELLETE	5.1 TITLE		Change Addition
NAME CEDEST ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP TITLE		☐ DELFTE	5.4 CITY - ST - ZIP 6.1 TILLE		Change Addition
NAME			62 NAME		C Grando C Manifold
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-7iP		
	by certify that the information supp	lied with this filing does not qualify		in Section 119,07(3)(i), Florida Statutes. I	further certify that the

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 roport is true and accurate and that my signature shall have the same legal effect as if made under path, 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 of changed, or on an attachment with an address.

CIGNATURE

MINISTER RECHIRE

1 11-97 /904)412.7942