

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

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000098346 (5)

1. Corporation Name
FLORIDA BUILDING & INVESTMENTS, INC.



Principal Place of Business: 608 S. TYNDALL PARKWAY PANAMA CITY FL 32401
Mailing Address: 608 S. TYNDALL PARKWAY PANAMA CITY FL 32404-6926

3. Date Incorporated or Qualified: 12/02/1996
3a. Date of Last Report: [Blank]
4. FEI Number: 59-3431384
Applied For: [Blank] / Not Applicable
5. Certificate of Status Desired: [X] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [X] No

2. Principal Place of Business: 21 [Blank]
2a. Mailing Address: 26 [Blank]
Suite, Apt #, etc.: 22 [Blank]
City & State: 23 [Blank]
Zip: 24 [Blank] Country: 25 [Blank]
City & State: 27 [Blank]
City & State: 28 [Blank]
Zip: 29 [Blank] Country: 30 [Blank]

9. Name and Address of Current Registered Agent
GIOIELLO, JOHN L ESO
402 JENKS AVENUE
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent
81 Name: [Blank]
82 Street Address (P.O. Box Number is Not Acceptable): [Blank]
83 [Blank]
84 City: [Blank] FL 85 Zip Code: [Blank]

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: [Blank] (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

12. OFFICERS AND DIRECTORS
1.1 TITLE: D [] DELETE
1.2 NAME: RUPP, STEVEN N
1.3 STREET ADDRESS: C/O POST OFFICE BOX 1987
1.4 CITY-ST-ZIP: PANAMA CITY FL 32402 N/A
2.1 TITLE: [] DELETE
2.2 NAME: [Blank]
2.3 STREET ADDRESS: [Blank]
2.4 CITY-ST-ZIP: [Blank]
3.1 TITLE: [] DELETE
3.2 NAME: [Blank]
3.3 STREET ADDRESS: [Blank]
3.4 CITY-ST-ZIP: [Blank]
4.1 TITLE: [] DELETE
4.2 NAME: [Blank]
4.3 STREET ADDRESS: [Blank]
4.4 CITY-ST-ZIP: [Blank]
5.1 TITLE: [] DELETE
5.2 NAME: [Blank]
5.3 STREET ADDRESS: [Blank]
5.4 CITY-ST-ZIP: [Blank]
6.1 TITLE: [] DELETE
6.2 NAME: [Blank]
6.3 STREET ADDRESS: [Blank]
6.4 CITY-ST-ZIP: [Blank]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: [] Change [] Addition
1.2 NAME: [Blank]
1.3 STREET ADDRESS: [Blank]
1.4 CITY-ST-ZIP: [Blank]
2.1 TITLE: [] Change [] Addition
2.2 NAME: [Blank]
2.3 STREET ADDRESS: [Blank]
2.4 CITY-ST-ZIP: [Blank]
3.1 TITLE: [] Change [] Addition
3.2 NAME: [Blank]
3.3 STREET ADDRESS: [Blank]
3.4 CITY-ST-ZIP: [Blank]
4.1 TITLE: [] Change [] Addition
4.2 NAME: [Blank]
4.3 STREET ADDRESS: [Blank]
4.4 CITY-ST-ZIP: [Blank]
5.1 TITLE: [] Change [] Addition
5.2 NAME: [Blank]
5.3 STREET ADDRESS: [Blank]
5.4 CITY-ST-ZIP: [Blank]
6.1 TITLE: [] Change [] Addition
6.2 NAME: [Blank]
6.3 STREET ADDRESS: [Blank]
6.4 CITY-ST-ZIP: [Blank]

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 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: [Signature] 2/10/97 202 2838515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: [Blank] Date: [Blank] Daytime Phone #: 0000004

CR2E034 (9/96)