

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S01147

(5)

1. Corporation Name

PROVEN BUILDERS, INC.

Principal Place of Business

3651 CORTEZ RD W. STE 300
BRADENTON FL 34210
US

Mailing Address

3651 CORTEZ RD W. STE 300
BRADENTON FL 34210
US

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

BUSKIRK, FRANK A.
3651 CORTEZ RD W
STE 300
BRADENTON FL 34210

81	Name
82	Street Address (P.O. Box Number, Not Applicable)
83	City
84	State
85	Zip Code

11. Pursuant to the provisions of Sections 607.0202 and 607.0203, Florida Statutes, the above named corporation submits the 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 607.0203, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report on behalf of the corporation.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1. TITLE	☐ Change ☐ Addition
NAME	BUSKIRK, FRANK A.	2. NAME	
STREET ADDRESS	3651 CORTEZ RD W, STE 300	3. STREET ADDRESS	
CITY-STATE-ZIP	BRADENTON FL	4. CITY-STATE-ZIP	
TITLE	DS	5. TITLE	☐ Change ☐ Addition
NAME	DAWBORNE, EDNA	6. NAME	
STREET ADDRESS	3651 CORTEZ RD W, STE 300	7. STREET ADDRESS	
CITY-STATE-ZIP	BRADENTON FL	8. CITY-STATE-ZIP	
TITLE	VD	9. TITLE	☐ Change ☐ Addition
NAME	SCHIER, JAMES R.	10. NAME	
STREET ADDRESS	3651 CORTEZ RD W, STE 300	11. STREET ADDRESS	
CITY-STATE-ZIP	BRADENTON FL	12. CITY-STATE-ZIP	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-STATE-ZIP		16. CITY-STATE-ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied to the filing is true and correct, and that I am an officer or director of the corporation. I further certify that the information indicated on this 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. The person who signs this report is required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 of changes to the corporation's records.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-96

(941) 753-1616

CR2E034 (12/95)