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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # **\$29676**1. Corporation Name

(1)

REGENCY BUILDERS & REMODELERS, INC.

Principal Place 11706 CYPRES TAMPA FL 3362	S PARK ST.	Mailing Address P.O. BOX 273274 TAMPA FL 33688-3274	P.O. BOX 273274						
						3. Date Incorporated or Qualific 01/29/1991	ed	3a. Date of Last 05/01/1996	Report
2. Principal Pl	2a. Mailing Address	ng Address			4. FEI Number		A	Applied For	
21	H	26			 	59-3096051			lot Applicable
Suite. Apt. 22	#. etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		T	Additional Required
City & State	0	City & State				6. Election Campaign Financin			May Be
23		28				Trust Fund Contribution		_	May Be
2 _{(p}	Country	Zip	Cour	ntry	···	8. This corporation has liability	for inta	ngible tax under	s. 199.032,
24	25	29	30			Florida Statutes		es 🔲 No	
	9. Name and Address of Curre	nt Registered Agent		-/1		10. Name and Address of New	Regis	tered Agent	
	EY, TREVOR S 06 CYPRESS PARK ST.		ļ	81	Name				
		Ì	82	Street Add	ess (P.O. Box Number is Not Acceptable)				
IAM	PA FL 33824		}	83					
			Į						
				84	City			FL 85 Zip	Code
office or r agent. La SIGNATURE &	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblice of the obli	Yer, Jus	ude			tion's board of directors. I hereby a		ne appointment a	s registered
12.	OFFICERS AN	ID ON ECTORS	13.			ADDITIONS/CHANGES TO O	FFICEF	IS AND DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 70	LE	ļ			Change	☐ Addition
NAME	BAILEY, TREVOR S		1.2 NA						j
STREET ADDRESS	11706 CYPRESS PARK ST. TAMPA FL 33624				ADDRESS				
CITY-S1-7IP Tille	1AMFA FL 33024	DELETE	1.4 CII 2 1 TIT		- ZIP		,	Change	Addition
NAME		L DELEVE	22 NA		}			C Change	L.J ROOMON
STREET ADDRESS					UDDRESS .				
CITY-S1-712			2 4 0						
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NAME			3 2 NA	M£					
STREET ADDRESS			3.3 ST	REET A	address				
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NAME OFFICE UNIQUE			4. 2 No		ADDRESS				
STREET ADORESS CHY-S1-ZIF			4.3 ST						
TITLE		DELETE	5 1 TI		- 71L			Change	Addition
NAME		***************************************	5.2 NA						
STREET ADDRESS					ADDRESS				i
CiTY+ST-ZIP			5.4 CI		į.				
TITLE		☐ DELETE	6.1 TIT	TLE				Change	Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET A	ADDRESS				

SIGNATURE

CITY - ST - ZIP

CONTRACTOR OF STATES OF SIGNING OF

President

6.4 CITY - ST - ZIP

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 empcyared to execute this report as required by Chapter 607, Florida Statutes; and that my name

97 (813) 962-3373

FILED

Jan 27 1997 8:00am

Secretary of State