
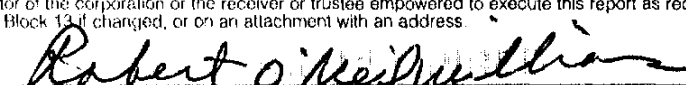


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 23 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 # S30593 (5) 1. Corporation Name BOB WILLIAMS BUILDERS, INC.					
Principal Place of Business 4475 WOODBINE RD STE 6 PACE FL 32571			Mailing Address 4475 WOODBINE RD STE 6 PACE FL 32571-8738		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/07/1991 3a. Date of Last Report 04/23/1996	
				4. FEI Number 59-3054977 Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent WILLIAMS, ROBERT O'NEIL 4475 WOODBINE RD PACE FL 32571			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	WILLIAMS, ROBERT O'NEIL		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	4475 WOODBINE RD STE 6		1.2 NAME		
CITY-STATE-ZIP	PACE FL		1.3 STREET ADDRESS		
TITLE	VP	<input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP		
NAME	CAROL J. WILLIAMS		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	4475 WOODBINE RD STE 6		2.2 NAME		
CITY-STATE-ZIP	PACE FL		2.3 STREET ADDRESS		
TITLE	VP	<input type="checkbox"/> DELETE	2.4 CITY-STATE-ZIP		
NAME	PATRICK M. CARTER		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	4475 WOODBINE RD STE 6		3.2 NAME		
CITY-STATE-ZIP	PACE FL		3.3 STREET ADDRESS		
TITLE	S	<input type="checkbox"/> DELETE	3.4 CITY-STATE-ZIP		
NAME	LACIE A CARTER		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	4475 WOODBINE RD STE 6		4.2 NAME		
CITY-STATE-ZIP	PACE FL		4.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP		
NAME			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			5.2 NAME		
CITY-STATE-ZIP			5.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-STATE-ZIP		
NAME			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			6.2 NAME		
CITY-STATE-ZIP			6.3 STREET ADDRESS		
			6.4 CITY-STATE-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 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:  4/18/97 (904) 994-7255					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)