

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 29 AM 8:31

DOCUMENT # S34665

(7)

1. Corporation Name

NUWORLD BUILDING CONTRACTORS, INC.

Principal Place of Business

678 OAKWOOD DRIVE
DUNEDIN FL 34698

Mailing Address

678 OAKWOOD DRIVE
DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1991

3a. Date of Last Report

07/20/1994

4. FEI Number

59-3059202

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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 ☐ No

2. Principal Place of Business

21. NUWORLD BUILDING CONTRACTORS, INC.

2a. NUWORLD BUILDING CONTRACTORS, INC.

2b. CONTRACTORS, INC.

Suite, Apt. #, etc.

22. 6315 FORD WAY

Suite, Apt. #, etc.

27. 6315 FORD WAY

City & State

23. NEW PORT RICHEY FL

City & State

28. NEW PORT RICHEY

Zip

24. 34652

Country

25. US

Zip

29. 34652

Country

30. US

9. Name and Address of Current Registered Agent

LONGNECKER, SAMUEL C.
678 OAKWOOD DRIVE
DUNEDIN 34698

6315 FORD WAY
NEW PORT RICHEY
FL 34652

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 607.0503, Florida Statutes.

SIGNATURE

(Signature typed in per first portion of registered agent and filed in application)

(Signature typed in per second portion of registered agent and filed in application)

12.11

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
D
LONGNECKER, SAMUEL C.
678 OAKWOOD DRIVE
DUNEDIN FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP
☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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 or assignee of the corporation 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

Samuel C Longnecker

SAMUEL C LONGNECKER

6-26

813 846 0956

(Signature typed in per first portion of registered agent and filed in application)

(Date)

(Telephone Number)