

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

**FILED**  
**Apr 30 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 # S37856 (9)**  
 1. Corporation Name  
**NEACE BUILDERS, INC.**



Principal Place of Business: **1408 WESTDALE AVE WINTER PARK FL 32792**  
 Mailing Address: **1408 WESTDALE AVE WINTER PARK FL 32792-6026**

3. Date Incorporated or Qualified: **03/11/1991**  
 3a. Date of Last Report: **04/12/1996**

2. Principal Place of Business  
 21 **1142 Solana Ave.**  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23 **Winter Park, Fl.**  
 Zip Country  
 24 **32789** 25 **USA**  
 26 **SAME**  
 27  
 City & State  
 28  
 Zip Country  
 29 30

4. FEI Number: **59-3077883**  
 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

9. Name and Address of Current Registered Agent  
**NEACE, CHESTER**  
**1408 WESTDALE AVE.**  
**WINTER PARK FL 32792**  
 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: Sharon Neace **SHARON L NEACE** DATE: **4-23-97**  
Signature, typed or printed name of registered agent and firm, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEACE, CHESTER R., JR.</b>	1.2 NAME	
STREET ADDRESS	<b>1408 WESTDALE AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEACE, SHARON L</b>	2.2 NAME	
STREET ADDRESS	<b>1408 WESTDALE AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: Sharon Neace **SHARON L NEACE** DATE: **4-23-97** 407-644-6443

CR2E034 (9/96)