

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S58758** (1)

1. Corporation Name  
**RODAN BUILDERS, INC.**



Principal Place of Business  
**4738 DARTMOUTH AVENUE NORTH  
ST. PETERSBURG FL 33713  
US**

Mailing Address  
**P.O. BOX 15336  
ST. PETERSBURG FL 33733-5336  
US**

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>06/11/1991</b>   | 3a. Date of Last Report<br><b>07/06/1995</b> |
| 4. FEI Number<br><b>59-3069293</b>   | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional<br/>Fee Required</b>    |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00 May Be<br/>Added to Fees</b>       |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|                                |                         |
|--------------------------------|-------------------------|
| 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             |
| 25. Country                    | 30. Country             |

9. Name and Address of Current Registered Agent

**KARCHER, ELIZABETH K.  
4738 DARTMOUTH AVENUE NORTH  
ST. PETERSBURG FL 33713**

10. Name and Address of New Registered Agent

|  |              |
|--|--------------|
| 81. Name   | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) |              |
| 83. City   |              |
| 84. City   | <b>FL</b>    |

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

Signature, typed or printed name of registered agent and state of residence

(NOTE: Registered Agent's signature required when submitting)

DATE

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------------|---|---|
| TITLE                      | <b>P</b>                           | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KARCHER, ELIZABETH</b>          | 1.2 NAME  |   |
| STREET ADDRESS             | <b>4738 DARTMOUTH AVENUE NORTH</b> | 1.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | <b>ST. PETERSBURG FL</b>           | 1.4 CITY-STATE-ZIP                                    |   |
| TITLE                      | <b>D</b>                           | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KARCHER, ELIZABETH</b>          | 2.2 NAME  |   |
| STREET ADDRESS             | <b>4738 DARTMOUTH AVENUE NORTH</b> | 2.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | <b>ST. PETERSBURG FL</b>           | 2.4 CITY-STATE-ZIP                                    |   |
| TITLE                      | <b>D</b>                           | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KARCHER, ELIZABETH</b>          | 3.2 NAME  |   |
| STREET ADDRESS             | <b>4738 DARTMOUTH AVENUE NORTH</b> | 3.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | <b>ST. PETERSBURG FL</b>           | 3.4 CITY-STATE-ZIP                                    |   |
| TITLE                      | <b>VPST</b>                        | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KARCHER, RODERICK</b>           | 4.2 NAME  |   |
| STREET ADDRESS             | <b>4738 DARTMOUTH AVENUE NORTH</b> | 4.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | <b>ST. PETERSBURG FL</b>           | 4.4 CITY-STATE-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-STATE-ZIP             |                                    | 5.4 CITY-STATE-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-STATE-ZIP             |                                    | 6.4 CITY-STATE-ZIP                                    |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Elizabeth Karcher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/96**

**813-  
327-6785**  
Corporate Phone #

CR2E034 (12/95)