FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 27 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S75928 (9)

1. Corporation Name
BEDROCK BUILDERS, INC.

Principal Place of Business	Mailing Address
~~560 NORTHWEST 49TH AVENUE~~ ~~PLANTATION FL 33317~~	~~560 NORTHWEST 49TH AVENUE~~ ~~PLANTATION FL 33317~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 424 E. ACRE DR.	26 424 E. ACRE DR.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 PLANTATION, FL.	28 PLANTATION, FL.
24 Zip 33317 25 Country USA	29 Zip 33317 30 Country USA

4. FEI Number: 65-0297899 ☐ 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

DUPONT, RICHARD
~~560 NORTHWEST 49TH AVENUE~~ 424 E. Acre Drive
PLANTATION FL 33317

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (REQUIRED: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	11 TITLE	President	☑ Change ☐ Addition
NAME	DUPONT, RICHARD	12 NAME	Du Pont Richard	
STREET ADDRESS	~~560 N.W. 49TH AVENUE~~	13 STREET ADDRESS	424 E. Acre Drive	
CITY-ST-ZIP	PLANTATION FL	14 CITY-ST-ZIP	Plantation, FL. 33317	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	DUPONT, JAMES	22 NAME		
STREET ADDRESS	560 NW 49TH AVE	23 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33317	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	DUPONT, GREG	32 NAME		
STREET ADDRESS	560 NW 49TH AVE	33 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33317	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE	Vice President	☑ Change ☐ Addition
NAME	DUPONT, STEVE	42 NAME	Du Pont Steve	
STREET ADDRESS	~~560 NW 49TH AVE~~	43 STREET ADDRESS	424 E. Acre Drive	
CITY-ST-ZIP	PLANTATION FL 33317	44 CITY-ST-ZIP	Plantation, FL. 33317	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-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)(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: Richard Du Pont Richard Du Pont 4-24-95 305-327-7217
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

025107 CP