

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V06630** (0)

1. Corporation Name

FLORIDA BUILDER'S DISPATCH, INC.



Principal Place of Business

P.O. BOX 4372
OCALA FL 34478

Mailing Address

P.O. BOX 4372
OCALA FL 34478

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**COLLINS, LARRY
606 SW 3RD AVENUE
OCALA FL 32671**

3. Date incorporated or Qualified

01/08/1992

3a. Date of Last Report

02/15/1995

4. FLE Number

59-3119101

Applied For
Not Applicable

5. Certificate of Status is 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

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 607.0504, Florida Statutes.

SIGNATURE

Charles S. Muir

PRESIDENT

3-13-96

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**P
MUIR, CHARLES S
3645 SE 48TH ST
OCALA FL
ST
MUIR, RITA C
3645 SE 48TH ST
OCALA FL**

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13.

1 NAME
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
15 TITLE
16 NAME
17 STREET ADDRESS
18 CITY-STATE-ZIP
19 TITLE
20 NAME
21 STREET ADDRESS
22 CITY-STATE-ZIP
23 TITLE
24 NAME
25 STREET ADDRESS
26 CITY-STATE-ZIP
27 TITLE
28 NAME
29 STREET ADDRESS
30 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

Charles S. Muir
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-96

352-629-6331

CR2E034 (12/95)