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Apr 15 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 # 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 34478-4372

3. Date Incorporated or Qualified
01/08/1992

3a. Date of Last Report
03/15/1996

2. Principal Place of Business 21 3645 SE 48th ST Suite, Apt. #, etc.	2a. Mailing Address 26 Same As Above Suite, Apt. #, etc.	4. FEI Number 59-3118101	Applied For Not Applicable
22 City & State 23 Ocala, FL Marion	27 City & State 28	5. Certificate of Status Desired 8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution 5.00 May Be Added to Fees
24 34480 25 Country	29 30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No	

9. Name and Address of Current Registered Agent

COLLINS, LARRY
606 SW 3RD AVENUE
OCALA FL 32671

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: *Charles S. Muir* DATE: 4-11-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	MUIR, CHARLES S	1.2 NAME	
STREET ADDRESS	3645 SE 48TH ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	
NAME	MUIR, RITA C	2.2 NAME	
STREET ADDRESS	3645 SE 48TH ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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: *Charles S. Muir* DATE: 4-11-97 352 6296331

CR2E034 (9/96)