

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 24 PM 12: 33

DOCUMENT # **V16452 (7)**
1. Corporation Name
AMERICAN HOMEBUILDERS, INC.

Principal Place of Business Mailing Address
8535-28 BAYMEADOWS RD. JACKSONVILLE FL 32256 **8535-28 BAYMEADOWS RD. JACKSONVILLE FL 32256**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/24/1992** 3a. Date of Last Report **03/07/1994**

4. FEI Number **59-3127110** 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

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
SHEFFIELD, J. HOWARD
4209 BAYMEADOWS RD., STE. 4
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code **FL**

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 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALIL, DONALD W JR.	1.2 NAME	
STREET ADDRESS	4439 BARNABY DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32217	1.4 CITY - ST - ZIP	
TITLE	CBD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, HOWARD	2.2 NAME	
STREET ADDRESS	2745 LASDOWNE DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MONTGOMERY AL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, PAUL D JR.	3.2 NAME	
STREET ADDRESS	315 BELLEVILLE AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BREWTON AL 36426	3.4 CITY - ST - ZIP	
TITLE	VST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, M. CRAIG	4.2 NAME	
STREET ADDRESS	8535-28 BAYMEADOWS RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32256	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, MITCHELL	5.2 NAME	
STREET ADDRESS	9000 REGENCY SQUARE BLVD., #201	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32211	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Assistant Secretary
STREET ADDRESS		6.3 STREET ADDRESS	Ellen F. Sigler
CITY - ST - ZIP		6.4 CITY - ST - ZIP	8535-25 Baymeadows Road Jacksonville, Florida 32256

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, unchanged, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Block 4)