

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V16935** (1)

1. Corporation Name

FLORIDA BUILDER SERVICES, INC.

Principal Place of Business

**466 NEW BERLIN ROAD
JACKSONVILLE FL 32218**

Mailing Address

**P.O. BOX 28428
JACKSONVILLE FL 32218-8428
US**



2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

**BROUGHTON, G. PENNY
466 NEW BERLIN RD
SUITE 26
JACKSONVILLE FL 32218**

3. Date Incorporated or Qualified

02/26/1992

3a. Date of Last Report

05/01/1995

4. FET Number

59-3122701

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

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 607.0102 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0106, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	[] DELETE
PD	BROUGHTON, G. PENNY	2509 DOLPHIN AVE.	JACKSONVILLE FL	
STD	WERTMAN, BONNIE V.	354 BAISDEN ROAD	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-ST-ZIP	9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY-ST-ZIP	13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY-ST-ZIP	17. TITLE	18. NAME	19. STREET ADDRESS	20. 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)(a), 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. (For an alternate filing with a filer's fee.)

SIGNATURE: **G. Penny Broughton** president/director

SIGNATURE AND TYPE OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

4-5-96

904-751-5447

CR2E034 (12/95)