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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DÉPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

___ Change

04-21-96 407-729-9679

Addition

1996

Principal Place of Business

CITY - ST - ZIP TITLE

STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP

NAME

DOCUMENT #

(1)

Mailing Address

THE FIRST SOUTH BUILDERS, INC.

2106 S. DUNBAR AYENUE 2106 S. DUNBA MELBOURNE FL 32901 MELBOURNE FL			Dunbar Avenue Irne fl 32901						
						3. Date Incorporated or Qualified 03/13/1992	3a. Da	te of Last I	, -
	ace of Business	2a. Mailing A	Address			4. FEI Number			Applied For
21		26				59-3111810			Not Applicable
Suite, Apt.	#, etc.	Suite, A _£	ot #, etc.			5. Certificate of Status Desired		•	5 Additional Required
City & State	1	City & St	tate		*****	6. Election Campaign Financing		\$5.0	00 May Be
:3		28				Trust Fund Contribution			ed to Fees
Zip	Country	Z(¢)	⊢	ountry		8. This corporation has liability for		tax under s	s 199.032.
4	25	29	30	·			□ No		
	9. Name and Address of Curre	ent Registered Ag	ent	81		10. Name and Address of New F	Registered	Agent	
				6'	Name				
HAMAN, DAVID				82	Street Add	Address (P.O. Box Number is Not Acceptable)			
	DUNBAR AVENUE			83					
WETRO	OURNE FL 32901			83		•			
				84	City			85 2	ip Code
			J L	Ш.,,		ration submits this statement for the pu	_ FL	-	•
12.	Signature, typed or printed han a of registered ag- OFFICERS AI	ND DIRECTORS	italii Argeter		1.6g iature regulie	ADDITIONS/CHANGES TO OFF	DA'E	D DIBECTI	ORS IN 12
TITLE	D			TIFLE		1,55,110,13,017,110,017	····	Change	
NAME	Haman, David		12	NAME					
STREET ADDRESS	2106 S. DUNBAR AVE.		1.3	STREFT	ADDRESS				
CITY - ST - 7IP	MELBOURNE FL		1.4	City - S	T - ZIP				
THILE	D		DELETE 2.1	T'TLE				Change	☐ Addition
NAME	BUTERBAUGH, THOMAS		2.2	NAM:					
STREET ADDRESS	791 ARUNDO AVE N.E.		23	STREET	ADDRES\$				
CITY-ST-ZIP	PALM BAY FL			CIFY-S	T-ZIF				
TITLE			DELETE 3 1	Tilté				Change	Addition
NAME			1	NAME	1				
STREET ADDRESS			33	S/REE	ADDRESS				
CHY-ST-ZIP				CHTY - S	1 - ZIF			F	
TITLE				TITLE				Change	Addition
NAME			I	NAME					
STREET ADDRESS					ADORESS				
CITY-ST-ZIP TITLE				CITY-S	[· ZIP				
		LJ	1	TITLE				☐ Change	Addition
NAME				MAME					
STREET ADDRESS					ADDRESS				

5.4 CITY - ST - 712

63 STREET ADDRESS

64 CITY - ST - Z P 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 officerry director of the composition or the receiver or trusted empowered to execute this report as required by Chapter 607, Ficrida Statutes, and that my name appears in Block 12 or prock 13 if changes for on an attachment with an address.

6 1 TITLE

6.2 NAME

DELETE

HOMAS M BUTEL DAUGH SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR