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 FEB 10 AM 11:50

DOCUMENT # V35548 (9)

1. Corporation Name
GOLD CREST BUILDERS, INC.

Principal Place of Business	Mailing Address
6172 CHAMBORE CT. JACKSONVILLE FL 32256 US	9930 OLD BAY MEADOWS RD. SUITE 297 JACKSONVILLE FL 32256 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/12/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26 P.O. BOX 1825
Suite, Apt. #, etc.
27
City & State
28 GREEN COVE SPRINGS
Zip / Country
29 32043-1825 / 30 U.S.A.

4. FEI Number: 59-3128605 ☐ 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

9. Name and Address of Current Registered Agent

ISAAC, FRED C.
2468 ATLANTIC BOULEVARD
JACKSONVILLE FL 32207

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 _____ 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	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	SPIVEY, ED C.	1.2 NAME	SPIVEY, ED C.
STREET ADDRESS	8036-9 PHILLIPS HWY.	1.3 STREET ADDRESS	P.O. BOX 1825
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	WELLS, J.	2.2 NAME	WELLS, J.
STREET ADDRESS	8036-9 PHILLIPS HWY.	2.3 STREET ADDRESS	P.O. BOX 1825
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	GIES, D.	3.2 NAME	GIES, D.
STREET ADDRESS	8036-9 PHILLIPS HWY.	3.3 STREET ADDRESS	P.O. BOX 1825
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043
TITLE	D	4.1 TITLE	P ☒ Change ☐ Addition
NAME	JAMES, C.A.	4.2 NAME	JAMES, C.A.
STREET ADDRESS	8036-9 PHILLIPS HWY.	4.3 STREET ADDRESS	P.O. BOX 1825
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043
TITLE		5.1 TITLE	V ☐ Change ☒ Addition
NAME		5.2 NAME	JOLLY, STEVE
STREET ADDRESS		5.3 STREET ADDRESS	P.O. BOX 1825
CITY-ST-ZIP		5.4 CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 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 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: Curtis A. James CURTIS A. JAMES 2/5/95 904-928-9179
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021019 CP