

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V35548** (9)

1. Corporation Name

GOLD CREST BUILDERS, INC.



Principal Place of Business

6172 CHAMBORE CT.
JACKSONVILLE FL 32256
US

Mailing Address

PO BOX 1825
SUITE 297
GREEN COVE SPRINGS FL 32043-1825
US

3. Date Incorporated or Qualified
05/12/1992

3a. Date of Last Report
02/10/1995

2. Principal Place of Business
21 **1642. PEBBLE BEACH BLVD.**

2a. Mailing Address
26 **PO BOX 1825**

4. FEI Number
59-3128605

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 **GREEN COVE SPRINGS FL**

28 **GREEN COVE SPRINGS, FL**

Zip **32043** Country **USA**

Zip **32043** Country **USA**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISAAC, FRED C.
2468 ATLANTIC BOULEVARD
JACKSONVILLE FL 32207

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

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **SPIVEY, ED C.**
STREET ADDRESS **PO BOX 1825**
CITY-ST-ZIP **GREEN COVE SPRINGS FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **WELLS, J.**
STREET ADDRESS **PO BOX 1825**
CITY-ST-ZIP **GREEN COVE SPRINGS FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **GIES, D.**
STREET ADDRESS **PO BOX 1825**
CITY-ST-ZIP **GREEN COVE SPRINGS FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **JAMES, C.A.**
STREET ADDRESS **PO BOX 1825**
CITY-ST-ZIP **GREEN COVE SPRINGS FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **JOLLY, STEVE**
STREET ADDRESS **PO BOX 1825**
CITY-ST-ZIP **GREEN COVE SPRINGS FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.A. JAMES

3/5/96

904-284-2595

Date

Daytime Phone #

CR2E034 (12/95)