

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V37509** (9)

1. Corporation Name
BENCHMARK BUILDERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
PO BOX 207 TARPON SPRINGS FL 34689 6602 WINDING BROOK DR. SUITE B NEW PORT RICHEY, FL 34655		PO BOX 207 TARPON SPRINGS FL 34689 6602 WINDING BROOK DR. SUITE B NEW PORT RICHEY, FL 34655	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 6602 WINDING BROOK DR	26 6602 WINDING BROOK DR.	59-3130224	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 B	27 B	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This Corporation has liability for intangible tax under S. 198.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23 NEW PORT RICHEY	28 NEW PORT RICHEY	9. Name and Address of Current Registered Agent	
Zip	Zip	10. Name and Address of Now Registered Agent	
24 34655	25 PASCO	29 34655	
Country	Country	30 PASCO	

DRIS, MICHAEL E
114 S. PINELLAS AVE.
TARPON SPRINGS FL 34688

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 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

(Signature, name or printed name of registered agent and filer's application)

(NOTE: Registered Agent signature required when constituting)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGETT, A JAMES	12. NAME	
STREET ADDRESS	1105 RED OAK DR 6602 WINDING BROOK DR	13. STREET ADDRESS	
CITY ST ZIP	TARPON SPRINGS FL NEW PORT RICHEY, FL	14. CITY ST ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY ST ZIP		24. CITY ST ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY ST ZIP		34. CITY ST ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY ST ZIP		44. CITY ST ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY ST ZIP		54. CITY ST ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY ST ZIP		64. 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 110.07(3)(b), 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 conduct the 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:

A. James Agett
SIGNATURE AND PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4-26-95 813 942-3210
DATE TELEPHONE #