

**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 <del>PO BOX 207</del> TARPON SPRINGS FL 34689 <b>6602 WINDING BROOK DR.</b> SUITE B NEW PORT RICHEY, FL 34655	Mailing Address <del>PO BOX 267</del> TARPON SPRINGS FL 34689 <b>6602 WINDING BROOK DR.</b> SUITE B NEW PORT RICHEY, FL 34655
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3. Date Incorporated or Qualified <b>05/20/1992</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-3130224</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This Corporation has liability for intangible tax under S. 198.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>6602 WINDING BROOK DR</b>	2a. Mailing Address 26 <b>6602 WINDING BROOK DR.</b>
Suite, Apt. #, etc. 22 <b>B</b>	Suite, Apt. #, etc. 27 <b>B</b>
City & State 23 <b>NEW PORT RICHEY</b>	City & State 28 <b>NEW PORT RICHEY</b>
Zip 24 <b>34655</b>	Country 25 <b>PASCO</b>
Zip 29 <b>34655</b>	Country 30 <b>PASCO</b>

9. Name and Address of Current Registered Agent

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

10. Name and Address of Now Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	<b>FL</b>
B5 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, typed or printed name of registered agent and filer applicable) (NOTE: Registered Agent signature required when constituting) (DATE)

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	11 TITLE
NAME <b>AGETT, A JAMES</b>	12 NAME
STREET ADDRESS <del>100 RED OAK DR</del> <b>6602 WINDING BROOK DR</b>	13 STREET ADDRESS
CITY ST ZIP <del>TARPON SPRINGS FL</del> <b>NEW PORT RICHEY, FL</b>	14 CITY ST ZIP
TITLE	21 TITLE
NAME	22 NAME
STREET ADDRESS	23 STREET ADDRESS
CITY ST ZIP	24 CITY ST ZIP
TITLE	31 TITLE
NAME	32 NAME
STREET ADDRESS	33 STREET ADDRESS
CITY ST ZIP	34 CITY ST ZIP
TITLE	41 TITLE
NAME	42 NAME
STREET ADDRESS	43 STREET ADDRESS
CITY ST ZIP	44 CITY ST ZIP
TITLE	51 TITLE
NAME	52 NAME
STREET ADDRESS	53 STREET ADDRESS
CITY ST ZIP	54 CITY ST ZIP
TITLE	61 TITLE
NAME	62 NAME
STREET ADDRESS	63 STREET ADDRESS
CITY ST ZIP	64 CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: \_\_\_\_\_ **4-26-95 813 942-3210**  
(Signature AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR) (Date) (Telephone Number)