

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 PO BOX 207 TARPON SPRINGS FL 34688 6602 WINDING BROOK DR. SUITE B NEW PORT RICHEY, FL 34655	Mailing Address PO BOX 267 TARPON SPRINGS FL 34688 6602 WINDING BROOK DR. SUITE B NEW PORT RICHEY, FL 34655
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3. Date Incorporated or Qualified 05/20/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3130224	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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 6602 WINDING BROOK DR	2a. Mailing Address 26 6602 WINDING BROOK DR
Suite, Apt. #, etc. 22 B	Suite, Apt. #, etc. 27 B
City & State 23 NEW PORT RICHEY	City & State 28 NEW PORT RICHEY
Zip 24 34655	Country 25 PASCO
Zip 29 34655	Country 30 PASCO

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	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	FL
B3	
B4 City	

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, Print or printed name of registered agent and filer applicable) (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 100 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		2. 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		3. 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		4. 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		5. 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		6. 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: _____ (Signature and typed or printed name of filer, officer or director) **4-26-95 813 942-3210** (Date)