

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **V37740** (0)

1. Corporation Name

ADVANCED BUILDING SYSTEMS OF NORTH FLORIDA, INC.

95 MAY - 1 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~4215 SOUTHPOINT BLVD.~~
~~SUITE 100~~
~~JACKSONVILLE FL 32216~~

4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/20/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3126715

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

2. Principal Place of Business

2a. Mailing Address

21 9951 Atlantic Blvd.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite #249

27

City & State

City & State

23 Jacksonville, FL

28

Zip

Country

Zip

Country

24 32225

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNEIDER, MICHAEL N.
4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216

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 this 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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTOS
NAME	HARRIS, RON
STREET ADDRESS	3536 UNIVERSITY BLVD.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	AV
NAME	CARPENTER, KEN
STREET ADDRESS	3536 UNIVERSITY BLVD.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Harris, Ron	
1.3 STREET ADDRESS	9951 Atlantic Blvd. #249	
1.4 CITY - ST - ZIP	Jacksonville, FL 32225	
2.1 TITLE	ST	☐ Change ☒ Addition
2.2 NAME	Harris, Diane M.	
2.3 STREET ADDRESS	9951 Atlantic Blvd. #249	
2.4 CITY - ST - ZIP	Jacksonville, FL 32225	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 1 (10.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 in either form or on an attachment with an address.

SIGNATURE:

Ron Harris

4/27/95

904-720-0650

SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #