

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V60666 (7)

1. Corporation Name

BLUEPRINT BUILDERS SERVICE, INC.

Principal Place of Business

Mailing Address

547 N. VOLUSIA AVE
ORANGE CITY FL 32763
US

547 N. VOLUSIA AVE.
ORANGE CITY FL 32763
US



3. Date Incorporated or Qualified

08/28/1992

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

21 1060 E. INDUSTRIAL DR.

2a. Mailing Address

26 1060 E. INDUSTRIAL DR.

Suite, Apt. #, etc

22 SUITE A

Suite, Apt. #, etc

27 SUITE A

City & State

23 ORANGE CITY, FL

City & State

28 ORANGE CITY FL

Zip

24 32763

Country

25 Volusia

Zip

29 32763

Country

30 Volusia

4. FEI Number

59-3139615

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

9. Name and Address of Current Registered Agent

WHITTENTON, SUZANNE
1843 INDIA PALM DR.
EDGEWATER FL 32141

10. Name and Address of New Registered Agent

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-statuting)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE PVST
NAME WHITTENTON, SUZANNE
STREET ADDRESS 1843 INDIA PALM DR.
CITY-ST-ZIP EDGEWATER FL

TITLE D
NAME WHITTENTON, JOHN W. JR.
STREET ADDRESS 1843 INDIA PALM DR.
CITY-ST-ZIP EDGEWATER FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Suzanne Whittenton

6/18/96

904 774-6464

CR2E034 (3/96)