FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V66213** **(2)**

1. Corporation Name

BETTER LIVING BUILDERS, INC.

Principal Place of Business	Mailing Address
245 N. HWY 314A SILVER SPRINGS FL 34488	RT. 1 BOX 888 H OKLAWAHA FL 32179

3. Date Incorporated or Qualified: **09/21/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 245 N. Hwy 314A
22: Suite, Apt. #, etc.
23: City & State: Silver Springs
24: Zip: 34488
25: Country: MARION

2a. Mailing Address
26: Rt 1 Box 888 H
27: Suite, Apt. #, etc.
28: City & State: OCKLAWAHA
29: Zip: 32179
30: Country: MARION

4. FEI Number: **59-3151043** ☐ 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

FANUCCI, WARREN R.
RT. 1, BOX 888 H
OCKLAWAHA FL 32179

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: Warren R Fanucci Pres — Warren R Fanucci Pres. — DATE: 3-15-96.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	FANUCCI, WARREN R.		12 NAME	
STREET ADDRESS	RT. 1, BOX 888H		13 STREET ADDRESS	
CITY-ST-ZIP	OCKLAWAHA FL		14 CITY-ST-ZIP	
TITLE	VPT	☒ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	FRANVCCI, SUE S.		22 NAME	
STREET ADDRESS	RT. 1 BOX 888 H		23 STREET ADDRESS	
CITY-ST-ZIP	OKLAWPHA FL		24 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	FORTH, RANDALL G		32 NAME	
STREET ADDRESS	17080 SE 60 ST		33 STREET ADDRESS	
CITY-ST-ZIP	OKLAWAHA FL		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added, or deleted.

SIGNATURE: Warren R Fanucci Pres — 3-15-96. — 352-625-9280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)