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FILED

Feb 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
OKLAHAWA FL 32179-9719

2. Principal Place of Business

2a. Mailing Address

21 245 N. HWY 314A  
Suite Apt. # etc.

26 RT 1 BOX 888 H  
Suite Apt. #, etc.

22 City & State  
23 SILVER SPRINGS, FL  
Zip Country  
24 34488 25 MARION

27 City & State  
28 OKLAHAWA, FL 32179  
Zip Country  
29 32179 30 MARION

3. Date Incorporated or Qualified

09/21/1992

3a. Date of Last Report

03/19/1996

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  
OKLAHAWA 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 firm in my will, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE WARREN R. FANUCCI

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

2-25-97

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME FANUCCI, WARREN R.  
STREET ADDRESS RT. 1, BOX 888H  
CITY-ST-ZIP OKLAHAWA FL

☐ DELETE

TITLE VP  
NAME FORTH, RANDALL G  
STREET ADDRESS 17080 SE 60 ST  
CITY-ST-ZIP OKLAHAWA FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-97. 352-625-9280

Date

Daytime Phone #

CR2E034 (9/96)