

1971  
**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER 1 US. 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE 1 YEAR: \$375.)**

**FILED**  
**May 12 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996-1997

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



DOCUMENT # **K-20745 (1)**  
 1. Corporation Name  
**Charter Builders of Central Florida, Inc.**

Principal Place of Business Mailing Address  
**2255 Crescent Dr. MT DORA, FL 32757-4708**  
**2255 Crescent Dr. MT DORA, FL 32757-4708**

3. Date Incorporated or Qualified 3a. Date of Last Report  
 FFL Number **59-2895084**  
 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. State, Apt. #, etc. **Same** 26. State, Apt. #, etc. **Same**  
 22. City & State 27. City & State  
 23. Zip 28. Zip Country 29. Zip Country 30.

9. Name and Address of Current Registered Agent  
**Collins R. J.**  
**2245 Crescent Dr.**  
**MT DORA, FL 32757**

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: \_\_\_\_\_ (INDTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. NAME <b>DP. Collins, R. J.</b>	<input type="checkbox"/> DELETE
2. STREET ADDRESS <b>2245 Crescent Dr.</b>	
3. CITY - ST - ZIP <b>MT. DORA, FL 32757</b>	
4. NAME <b>N/A</b>	<input type="checkbox"/> DELETE
5. STREET ADDRESS <b>N/A</b>	
6. CITY - ST - ZIP <b>N/A</b>	
7. NAME <b>DP Collins, R. J.</b>	<input type="checkbox"/> DELETE
8. STREET ADDRESS <b>2245 Crescent Dr.</b>	
9. CITY - ST - ZIP <b>MT DORA, FL 32757</b>	<input type="checkbox"/> DELETE
10. NAME <b>N/A</b>	<input type="checkbox"/> DELETE
11. STREET ADDRESS <b>N/A</b>	
12. CITY - ST - ZIP <b>N/A</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	<b>N/A</b>
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	<b>N/A</b>
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	<b>000002187130</b>
16. CITY - ST - ZIP	<b>-05/21/97--01110--016</b>
17. CITY - ST - ZIP	<b>***185.00</b>
18. CITY - ST - ZIP	<b>05 5/12/97</b>

14. I 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 certify under oath 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, as changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/14/97** DAYTIME PHONE #: **352-735-2999**

CR2E034 (3/96)