## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # F67201** 

	lc

## **FILED** Apr 20 1998 8:00am Secretary of State

SAWMII	LL RIDGE BUILDERS, INC.				
Principal Place	e of Business	Mailing Address			init Ginit nens nens åthi shli
7402 NORTH US HWY 1 VERO BEACH FL 32967 US		PO BOX 59 Wabasso FL 32970 US		DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualified	
A Dringing D	ace of Business	2a. Mailing Address		02/15/1982 4. FEI Number	
	ace of Business	<b>├</b> ──¬		59-2160781	Applied For Not Applicable
Suite, Apt	# etc	26			\$8.75 Additional
22		27		Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registers	ed Agent
	CKWOOD, THOMAS W.		81 Name		
	2 NORTH US HWY 1		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
VEF	NO BEACH FL 32967				
			83		
			84 City		85 Zip Code
				F	
11. Pursuant l	to the provisions of Sections 607.050	92 and 607.1508, Florida Statu	tes, the above-named corp authorized by the corporal		
11. Pursuant I office or re agent I ar	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	22 and 607.1508, Florida Statu of Florida Such change was alions of, Section 607.0505, Fl	tes, the above-named corp authorized by the corporat orida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	
SIGNATURE				poration submits this statement for the purpose tion's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	or and tille if applicable (NO	IE Registered Agent signature requi	coration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaing)	e of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of registered syr OFFICERS AN	rd and title if applicable (NO D DIRECTORS	F Registered Agent signature requi	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	e of changing its registered appointment as registered suppointment as registered and DIRECTORS IN 12
SIGNATURE  12.  TIFLE	Signature, typed or punited name of registered ear OFFICERS ANI	or and tille if applicable (NO	18. Registered Agent signature requi	coration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaing)	e of changing its registered appointment as registered
SIGNATURE  12.  TITLE  NAME	Signature, typing or printed name of registered say OFFICERS ANI PD LOCKWOOD, THOMAS W.	rd and title if applicable (NO D DIRECTORS	TE Registered Agent signature required.  13. 1.1 TITLE 1.2 NAME	coration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaing)	e of changing its registered appointment as registered suppointment as registered and DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREEL ADDRESS	Signature, typical or printed name of registered early OFFICERS ANI PD LOCKWOOD, THOMAS W. 7275 45TH STREET	rd and title if applicable (NO D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	coration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstating)	e of changing its registered appointment as registered suppointment as registered and DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typing or printed name of registered say OFFICERS ANI PD LOCKWOOD, THOMAS W.	rd and title if applicable (NO D DIRECTORS	TE Registered Agent signature required.  13. 1.1 TITLE 1.2 NAME	coration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstating)	e of changing its registered appointment as registered suppointment as registered and DIRECTORS IN 12
SIGNATURE  12.  TIFLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND OFFICERS AND OFFICERS AND OFFICERS AND LOCKWOOD, THOMAS W. 7275 45TH STREET VERO BEACH, FL 00000 STD	ed and title if applicable (NO D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	coration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstating)	e of changing its registered appointment as registered should be s
SIGNATURE  12.  TIFLE NAME  STREET ADDRESS CITY-ST-ZIP TIFLE NAME	PD LOCKWOOD, THOMAS W. 7275 45TH STREET VERO BEACH, FL 00000 STD GRAVES, J RICHARD, JR	ed and title if applicable (NO D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	coration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstating)	e of changing its registered appointment as registered should be s
SIGNATURE  12.  TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS	OFFICERS AND OFFICERS AND OFFICERS AND OFFICERS AND LOCKWOOD, THOMAS W. 7275 45TH STREET VERO BEACH, FL 00000 STD	ed and title if applicable (NO D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	coration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstating)	e of changing its registered appointment as registered should be s
SIGNATURE  12.  TIFLE NAME  STREET ADDRESS CITY-ST-ZIP TIFLE NAME	PD LOCKWOOD, THOMAS W. 7275 45TH STREET VERO BEACH, FL 00000 STD GRAVES, J RICHARD, JR 8465 OLD DIXIE HWY.	ed and title if applicable (NO D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	coration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstating)	e of changing its registered appointment as registered should be s
SIGNATURE  12.  TIFLE NAME  STREET ADDRESS CITY - ST - ZIP TIFLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOCKWOOD, THOMAS W. 7275 45TH STREET VERO BEACH, FL 00000 STD GRAVES, J RICHARD, JR 8465 OLD DIXIE HWY. WABASSO, FL 00000 VP BASS, JEFF E	en and tillent applicable (NO) DESTRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	coration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstating)	e of changing its registered appointment as registered suppointment suppoin
SIGNATURE  12.  TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE	PD LOCKWOOD, THOMAS W. 7275 45TH STREET VERO BEACH, FL 00000 STD GRAVES, J RICHARD, JR 8465 OLD DIXIE HWY. WABASSO, FL 00000 VP BASS, JEFF E 8465 OLD DIXIE HWY	en and tillent applicable (NO) DESTRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.1 TITLE 3.1 TITLE 3.1 TITLE 3.1 TITLE	coration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstating)	e of changing its registered appointment as registered suppointment suppoin
SIGNATURE  12.  TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME NAME	PD LOCKWOOD, THOMAS W. 7275 45TH STREET VERO BEACH, FL 00000 STD GRAVES, J RICHARD, JR 8465 OLD DIXIE HWY. WABASSO, FL 00000 VP BASS, JEFF E	POLITIE   DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	coration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstating)	e of changing its registered appointment as registered suppointment suppoin
SIGNATURE  12.  TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS	PD LOCKWOOD, THOMAS W. 7275 45TH STREET VERO BEACH, FL 00000 STD GRAVES, J RICHARD, JR 8465 OLD DIXIE HWY. WABASSO, FL 00000 VP BASS, JEFF E 8465 OLD DIXIE HWY	en and tillent applicable (NO) DESTRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	coration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstating)	e of changing its registered appointment as registered suppointment suppoin
SIGNATURE  12.  11/LE  NAME  STREEL ADDRESS  CITY-ST-ZIP  TITLE  NAME  SIREEL ADDRESS  CITY-ST-ZIP  TITLE  NAME  SIREEL ADDRESS  CITY-ST-ZIP  TITLE  NAME  SIREEL ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	PD LOCKWOOD, THOMAS W. 7275 45TH STREET VERO BEACH, FL 00000 STD GRAVES, J RICHARD, JR 8465 OLD DIXIE HWY. WABASSO, FL 00000 VP BASS, JEFF E 8465 OLD DIXIE HWY	POLITIE   DELETE	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	coration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstating)	e of changing its registered appointment as registered suppointment suppoin
SIGNATURE  12.  TIFLE NAME STREET ADDRESS CITY - ST- ZIP TIFLE	PD LOCKWOOD, THOMAS W. 7275 45TH STREET VERO BEACH, FL 00000 STD GRAVES, J RICHARD, JR 8465 OLD DIXIE HWY. WABASSO, FL 00000 VP BASS, JEFF E 8465 OLD DIXIE HWY	POLITIE   DELETE	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 4.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE	coration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstating)	e of changing its registered appointment as registered suppointment suppoin
SIGNATURE  12.  TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME NAME	PD LOCKWOOD, THOMAS W. 7275 45TH STREET VERO BEACH, FL 00000 STD GRAVES, J RICHARD, JR 8465 OLD DIXIE HWY. WABASSO, FL 00000 VP BASS, JEFF E 8465 OLD DIXIE HWY	OD DIRECTORS  DELETE  DELETE  DELETE	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	coration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstating)	e of changing its registered appointment as registered suppointment as registered suppointment suppointmen
SIGNATURE  12.  1ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD LOCKWOOD, THOMAS W. 7275 45TH STREET VERO BEACH, FL 00000 STD GRAVES, J RICHARD, JR 8465 OLD DIXIE HWY. WABASSO, FL 00000 VP BASS, JEFF E 8465 OLD DIXIE HWY	POLITIE   DELETE	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	coration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstating)	e of changing its registered appointment as registered suppointment suppoin
SIGNATURE  12.  1ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOCKWOOD, THOMAS W. 7275 45TH STREET VERO BEACH, FL 00000 STD GRAVES, J RICHARD, JR 8465 OLD DIXIE HWY. WABASSO, FL 00000 VP BASS, JEFF E 8465 OLD DIXIE HWY	OD DIRECTORS  DELETE  DELETE  DELETE	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	coration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstating)	e of changing its registered appointment as registered suppointment as registered suppointment suppointmen
SIGNATURE  12.  1ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD LOCKWOOD, THOMAS W. 7275 45TH STREET VERO BEACH, FL 00000 STD GRAVES, J RICHARD, JR 8465 OLD DIXIE HWY. WABASSO, FL 00000 VP BASS, JEFF E 8465 OLD DIXIE HWY	OD DIRECTORS  DELETE  DELETE  DELETE	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS	coration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstating)	e of changing its registered appointment as registered suppointment as registered suppointment suppointmen
SIGNATURE  12.  1ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOCKWOOD, THOMAS W. 7275 45TH STREET VERO BEACH, FL 00000 STD GRAVES, J RICHARD, JR 8465 OLD DIXIE HWY. WABASSO, FL 00000 VP BASS, JEFF E 8465 OLD DIXIE HWY	D DIRECTORS  DELETE  DELETE  DELETE  DELETE	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	coration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstating)	e of changing its registered appointment as registered and a second appointment as registered and addition as a second appointment as registered and addition appointment as registered and addition as a second appointment as registered and addition appointment as registered and addition as registered as re
SIGNATURE  12.  TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME	PD LOCKWOOD, THOMAS W. 7275 45TH STREET VERO BEACH, FL 00000 STD GRAVES, J RICHARD, JR 8465 OLD DIXIE HWY. WABASSO, FL 00000 VP BASS, JEFF E 8465 OLD DIXIE HWY	OD DIRECTORS  DELETE  DELETE  DELETE	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	coration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstating)	e of changing its registered appointment as registered suppointment as registered suppointment suppointmen
SIGNATURE  12.  TIFLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TIFLE  NAME	PD LOCKWOOD, THOMAS W. 7275 45TH STREET VERO BEACH, FL 00000 STD GRAVES, J RICHARD, JR 8465 OLD DIXIE HWY. WABASSO, FL 00000 VP BASS, JEFF E 8465 OLD DIXIE HWY	D DIRECTORS  DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 HITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	coration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstating)	e of changing its registered appointment as registered and a second appointment as registered and addition as a second appointment as registered and addition appointment as registered and addition as a second appointment as registered and addition appointment as registered and addition as registered as re
SIGNATURE  12.  TIFLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TIFLE  NAME	PD LOCKWOOD, THOMAS W. 7275 45TH STREET VERO BEACH, FL 00000 STD GRAVES, J RICHARD, JR 8465 OLD DIXIE HWY. WABASSO, FL 00000 VP BASS, JEFF E 8465 OLD DIXIE HWY	D DIRECTORS  DELETE  DELETE  DELETE  DELETE	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	coration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstating)	e of changing its registered appointment as registered and a second appointment as registered and addition as a second appointment as registered and addition appointment as registered and addition as a second appointment as registered and addition appointment as registered and addition as registered as re

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 of 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 unan attachment with an address.

SIGNATURE: