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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N94000005648 (0)

1. Corporation Name

BRIDGE BUILDERS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
2055 MERCY DR ORLANDO FL 32808 US	2055 MERCY DR ORLANDO FL 32808 US

3. Date Incorporated or Qualified: 11/16/1994

4. FEI Number: 59-3396804 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21):

2a. Mailing Address (28):

Suite, Apt. #, etc. (22):

Suite, Apt. #, etc. (27):

City & State (23):

City & State (26):

Zip (24): Country (25): Zip (29): Country (30):

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COSTANTINO, FRANK
2055 MERCY DRIVE
ORLANDO FL 32808-5629

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COSTANTINO, FRANK 5519 BAY SIDE DR ORLANDO FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☑ Addition 32819
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCMURTRY, GRADY 4698 HALL RD ORLANDO FL 32817	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, DON ~~1378 COUNTY RD 565A~~ ~~CLERMONT FL 34711~~	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☑ Change ☐ Addition 625 Whip-O-Will Lane St. Cloud, Fl 34771
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POITRAS, EDWARD W ~~278 MOORE RD~~ HAINES CITY FL 33844	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☑ Change ☐ Addition 27 Lake Hamilton Beach
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRISON, BEN P O BOX 1189 RT 1 CLERMONT FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☑ Addition 34711
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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

SIGNATURE: _____ 04/30/1998
SIGNATURE AND TITLE OF CHAIRMAN, VICE CHAIRMAN, OFFICER OR DIRECTOR Date

CR2E037 (10/97)