

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90107 006 \*\*\*150.00

101 0302

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000004003

1. Corporation Name  
**S & J HOME BUILDERS, INC.**



Principal Place of Business  
 4049 MOORE'S LAKE RD  
 DOVER FL 33527  
 US

Mailing Address  
 4049 MOORE'S LAKE RD  
 DOVER FL 33527  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/08/1997**

4. FEI Number  
**59-3435188**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 **8226 Rancheria DR**  
 Suite, Apt. #, etc.

22 **Riverview,**  
 City & State

23 **Florida**

24 **33569** 25 **Hills.** Country

26 **8226 Rancheria DR**  
 Suite, Apt. #, etc.

27 **Riverview,**  
 City & State

28 **Florida**

29 **33569** 30 **Hills.** Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORDELL, JOHN A JR**  
 4049 MOORE'S LAKE RD  
 DOVER FL 33527

81 Name  
**John A. Cordell JR.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**8226 Rancheria Drive**

83 **Riverview, Florida**

84 City **FL** 85 Zip Code **33569**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CORDELL, JOHN A</b>	
STREET ADDRESS	<b>4049 MOORE'S LAKE RD</b>	
CITY-ST-ZIP	<b>DOVER FL 33527</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> DELETE
NAME	<b>CORDELL, SUSAN</b>	
STREET ADDRESS	<b>4049 MOORE'S LAKE RD</b>	
CITY-ST-ZIP	<b>DOVER FL 33527</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>8226 Rancheria Drive</b>
1.4 CITY-ST-ZIP	<b>Riverview, FL 33569</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>8226 Rancheria Drive</b>
2.4 CITY-ST-ZIP	<b>Riverview, FL 33569</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Susan Cordell VP**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-99 813-677-9802  
 Date Daytime Phone #

CR2E034 (1/98)