

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90162 015 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000092239

1. Corporation Name
A-1 BUILDERS, INC.

Principal Place of Business 253 N. 9TH STREET SUITE 201 DEFUNIAK SPRINGS FL 32433	Mailing Address 132 PERDUE ROAD DEFUNIAK SPRINGS FL 32433
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 P.O. Box 550 27 Suite, Apt. #, etc. 28 DeFuniak Springs FL 29 Zip Country 30 Walton
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3. Date Incorporated or Qualified 10/24/1997	4. FEI Number 59-3475299	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

PERDUE, JAMES ALAN
132 PERDUE ROAD
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSHING, B. SUE	1.2 NAME	
STREET ADDRESS	648 PEROVE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32435	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, J. FRANK	2.2 NAME	
STREET ADDRESS	593 HUBBARD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	2.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, SHARON S	3.2 NAME	
STREET ADDRESS	593 HUBBARD STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERDUE, JAMES ALAN	4.2 NAME	
STREET ADDRESS	132 PERDUE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRING FL 32433	4.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSHING, KIRBY W.	5.2 NAME	
STREET ADDRESS	648 PEROVE ROAD, BOX 1358	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32435	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: James Alan Perdue James Alan Perdue 4-30-99 850-830-8222
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)