


FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90043 023 ***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 # P98000063692
 1. Corporation Name
E. FAVREAU, GENERAL CONTRACTOR, INC.

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|---|---|
| Principal Place of Business 6541 HARBOR DRIVE HUDSON FL 34667 | Mailing Address 6541 HARBOR DRIVE HUDSON FL 34667 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|---|--|
| 2. Principal Place of Business 21 4587 N. BUFFALO DR. | | 2a. Mailing Address 26 4587 N. BUFFALO DR. | | 3. Date Incorporated or Qualified 07/20/1998 | |
| Suite, Apt. #, etc. 22 BEVERLY HILLS | | Suite, Apt. #, etc. 27 | | 4. FEI Number 59-3523176 | |
| City & State 23 Florida 34465 | | City & State 28 BEVERLY HILLS, Florida | | Applied For Not Applicable | |
| Zip 24 34465 | | Zip 29 34465 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Country 25 CITRUS | | Country 30 CITRUS | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent FAVREAU, EDWARD A 6541 HARBOR DRIVE HUDSON FL 34667 | | 10. Name and Address of New Registered Agent | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---|--------------------------------|
| 81 Name EDWARD A. FAVREAU | |
| 82 Street Address (P.O. Box Number is Not Acceptable) 4587 N. BUFFALO DRIVE | |
| 83 | |
| 84 City BEVERLY HILLS | 85 Zip Code FL 34465 |

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: _____ 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 PRESIDENT, V-PRESIDENT | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME EDWARD A. FAVREAU | <input type="checkbox"/> DELETE | 1.2 NAME | |
| STREET ADDRESS 4587 N. BUFFALO DRIVE | <input type="checkbox"/> DELETE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP BEVERLY HILLS, FL 34465 | <input type="checkbox"/> DELETE | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> DELETE | 2.2 NAME | |
| STREET ADDRESS | <input type="checkbox"/> DELETE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | <input type="checkbox"/> DELETE | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> DELETE | 3.2 NAME | |
| STREET ADDRESS | <input type="checkbox"/> DELETE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | <input type="checkbox"/> DELETE | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> DELETE | 4.2 NAME | |
| STREET ADDRESS | <input type="checkbox"/> DELETE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> DELETE | 5.2 NAME | |
| STREET ADDRESS | <input type="checkbox"/> DELETE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> DELETE | 6.2 NAME | |
| STREET ADDRESS | <input type="checkbox"/> DELETE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.4 CITY-ST-ZIP | |

Handwritten notes:
 - "only officer of corporation" written vertically in Block 12.
 - "NO CHANGES" written in Block 13.

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: _____ DATE: **4-26-99 (352) 521-3224**

CR2E034 (1/98)