


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

FILED
Apr 20 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 297210 (7)
1. Corporation Name
ENDICOTT BUILDERS, INC.

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| Principal Place of Business 38 SIRENA DRIVE LAKE PLACID FL 33852 | Mailing Address 38 SIRENA DRIVE LAKE PLACID FL 33852 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|---|--|
| 2. Principal Place of Business 128 Sirena Drive Suite, Apt. #, etc. | | 2a. Mailing Address 128 Sirena Drive Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 09/29/1965 | |
| 22. City & State Lake Placid FL | | 27. City & State Lake Placid FL | | 4. FEI Number 59-1104006 Applied For Not Applicable | |
| 23. Zip 33852 | | 28. Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24. Country | | 29. Zip 33852 | | 30. Country | |
| 25. Country | | 30. Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 26. Country | | 30. Country | | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent DAVIS, HAYWARD H. 107 INTERLAKE BOULEVARD LAKE PLACID FL 33852 | | 10. Name and Address of New Registered Agent 81. Name W. Harrison Endicott 82. Street Address (P.O. Box Number is Not Acceptable) 128 Sirena Drive 83. City Lake Placid 84. State FL 85. Zip Code 33852 | |
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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 *W. Harrison Endicott*
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 | ST | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ENDICOTT, JOAN | 1.2 NAME | |
| STREET ADDRESS | 38 SIRENA DRIVE | 1.3 STREET ADDRESS | 128 Sirena Drive |
| CITY-ST-ZIP | LAKE PLACID, FL 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | PD | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ENDICOTT, W HARRISON | 2.2 NAME | |
| STREET ADDRESS | 38 SIRENA DRIVE | 2.3 STREET ADDRESS | 128 Sirena Drive |
| CITY-ST-ZIP | LAKE PLACID, FL 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 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.

SIGNATURE *Joan Endicott* *W. Harrison Endicott*

CR2E034 (10/97)