FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

~~1997~~ / 1998

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

FILED
May 14 1998 8:00am
Secretary of State

[redacted]

DOCUMENT # 375692 (1)

1. Corporation Name
LEVEL LINE BUILDERS, INC.

Principal Place of Business
5696 BADEN CT
FORT MYERS FL 33919
US

Mailing Address
5696 BADEN CT
FORT MYERS FL 33919-2728
US

3. Date Incorporated or Qualified: 01/15/1971
3a. Date of Last Report: 03/29/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-1316371 — Applied For / Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
SMITH,KAY
5696 BADEN CT
FT MYERS FL 33919

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — FL — 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SPRAGUE,JAMES L	
STREET ADDRESS	1309 SW CENTRAL AVE	
CITY-ST-ZIP	SEASIDE PARK NJ	
TITLE	VD	☐ DELETE
NAME	POLHEMUS,WILLIAM	
STREET ADDRESS	261 HANCOCK AVE	
CITY-ST-ZIP	SEASIDE HEIGHTS NJ	
TITLE	STD	☐ DELETE
NAME	SMITH,KATHRYN S	
STREET ADDRESS	5696 BADEN CT	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	☐ DELETE
NAME	POLHEMUS,AGNES	
STREET ADDRESS	261 HANCOCK AVE	
CITY-ST-ZIP	SEASIDE HGTS NJ	
TITLE	D	☐ DELETE
NAME	LARSEN,ERIC	
STREET ADDRESS	457 KNOLLWOOD CT.	
CITY-ST-ZIP	TOMS RIVER NJ	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***150.00

14. I do 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: James L. Sprague — 1-17-97 / 941-277-9408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

James L. Sprague — 1-17-98 / 941-277-9408

0402025

CR2E034 (9/96)