

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

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 383842 (2)
 1. Corporation Name
CHARLIE JOHNSON BUILDER, INC.



Principal Place of Business 18610 U.S. HWY 441 MOUNT DORA FL 32757	Mailing Address 18610 U S HWY 441 MOUNT DORA FL 32757 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/11/1971	4. FEI Number 59-1554855	Applied For 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc	25. Suite, Apt. #, etc
22. City & State	27. City & State
23. Zip	28. Zip
Country	Country
24. Country	30. Country

9. Name and Address of Current Registered Agent

LUDECKE, CARL R.
18610 U S HWY 441
MOUNT DORA FL 32757-6731

10. Name and Address of New Registered Agent

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

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 signed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when registered)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	LUDECKE, CHERYL J.	
STREET ADDRESS	18160 U S HWY 441	
CITY-ST-ZIP	MOUNT DORA FL 31	
TITLE	V	<input type="checkbox"/>
NAME	LUDECKE, CARL R.	
STREET ADDRESS	18610 U S HWY 441	
CITY-ST-ZIP	MOUNT DORA FL 31	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
11. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12. NAME			
13. STREET ADDRESS			
14. CITY-ST-ZIP			
21. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22. NAME			
23. STREET ADDRESS			
24. CITY-ST-ZIP			
31. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32. NAME			
33. STREET ADDRESS			
34. CITY-ST-ZIP			
41. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42. NAME			
43. STREET ADDRESS			
44. CITY-ST-ZIP			
51. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52. NAME			
53. STREET ADDRESS			
54. CITY-ST-ZIP			
61. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62. NAME			
63. STREET ADDRESS			
64. 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)(a), 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: _____ **1-7-98** **352**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **383-6104**
FILED CR2E034 (10/97) 00:27:16