

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90106 019 ***158.75

DOCUMENT # 510020

1. Corporation Name

TRI-SUN BUILDERS, INC.

Principal Place of Business
21007 BACHMANN BLVD
PT CHARLOTTE FL 33952
US

Mailing Address
P.O. BOX 380159
MURDOCK FL 33938

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1976

4. FEI Number

59-1714668

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

POLK, JOHN L
141 W MARION AVE
PUNTA GORDA FL 33950

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE
NAME DORO, TINA M
STREET ADDRESS 9242 SWEDEN BLVD.
CITY-ST-ZIP PUNTA GORDA FL 33982

TITLE S ☒ DELETE
NAME DIRMAYER, JAMES A
STREET ADDRESS 1730 N. W ST.
CITY-ST-ZIP NORTH PORT FL 34286

TITLE TP ☐ DELETE
NAME DIRMAYER, BILLIE J
STREET ADDRESS 20169 MT. PROSPECT BLVD.
CITY-ST-ZIP PT CHARLOTTE FL 33952

TITLE VP ☒ DELETE
NAME DORO, TINA M
STREET ADDRESS 9242 SWEDEN BLVD
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE S ☐ DELETE
NAME DIRMAYER, JAMES A
STREET ADDRESS 1730 NEW STREET
CITY-ST-ZIP NORTH PORT FL 34286

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition
1.2 NAME DIRMAYER, LARRY J.
1.3 STREET ADDRESS 20169 MT. PROSPECT BLVD
1.4 CITY-ST-ZIP PT. CHARLOTTE, FL 33952

2.1 TITLE TREASURER ☒ Change ☐ Addition
2.2 NAME DIRMAYER, Billie J.
2.3 STREET ADDRESS 20169 MT. PROSPECT BLVD
2.4 CITY-ST-ZIP PT. CHARLOTTE FL 33952

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY J. DIRMAYER

Date

4-14-99

(941) 8629-3122

Daytime Phone #

CR2E034 (11/98)

0451133