

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 30, 1999 8:00 am
Secretary of State

04-30-1999 90128 035 ***150.00

0427947

DOCUMENT # 530455

1. Corporation Name

CHOUINARD BUILDERS, INCORPORATED

Principal Place of Business

8541 BARDMOOR PL N
SEMINOLE FL 34647

Mailing Address

8541 BARDMOOR PL N
SEMINOLE FL 34647

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1977

4. FEI Number

59-1729303

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 9050 102ND AVE N

Suite, Apt. #, etc.

22

City & State

23 LARGO, FL

Zip

24 33777

Country

25 PINELLAS

2a. Mailing Address

26 9050 102ND AVE N

Suite, Apt. #, etc.

27

City & State

28 LARGO, FL

Zip

29 33777

Country

30 PINELLAS

9. Name and Address of Current Registered Agent

JOHNSON, BRIAN E.
7190 SEMINOLE BLVD
SEMINOLE FL 33542

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 PD ☐ DELETE

NAME CHOUINARD, ROBERT W.
STREET ADDRESS 8541 BARDMOOR PLACE N
CITY-ST-ZIP SEMINOLE FL

TITLE STD ☐ DELETE

NAME CHOUINARD, NANCY JO
STREET ADDRESS 8541 BARDMOOR PLACE N
CITY-ST-ZIP SEMINOLE FL

TITLE VD ☐ DELETE

NAME CHOUINARD, DEAN
STREET ADDRESS 9240 122ND TERR. NO
CITY-ST-ZIP SEMINOLE FL

TITLE V ☐ DELETE

NAME SKILES, DENISE L.
STREET ADDRESS 12335 91ST WAY
CITY-ST-ZIP SEMINOLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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]* SIGNATURE REQUIRED CHOUINARD 4-27-99 727-398-0876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)