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

FILED PROFIT Mar 03 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name 605517 (2) FLORIDA BUILDERS, INC. Principal Place of Business Mailing Address BOX 15707 ST PETERSBURG FL 33733 ST PETERSBURG FL 33733 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/29/1978 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 21 59-1887280 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zıp Country This corporation owes or has paid the current year Intangible 24 25 ☐ Yes □ No 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DELANO, G. KRISTIN 360 CENTRAL AVE 82 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33701 83 84 City 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 little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE D 1.1 TITLE Addition MENKE, R M NAME 1.2 NAME **360 CENTRAL AVE** STREET ADDRESS 1.3 STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME **Br**ubaker. R M 2.2 NAME 360 CENTRAL AVE STREET ADDRESS 2.3 STREET ADDRESS ST PETERSBURG FL CITY-ST-2IP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change ☐ Addition MEEHAN, DAVID K NAME 3.2 NAME 360 CENTRAL AVE STREET ADDRESS 3.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition HUSSEMANN, EDWIN C NAME 4.2 NAME 360 CENTRAL AVE STREET ADDRESS 4.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DS DELETE TITLE 5.1 TITLE Change ☐ Addition DELANO, G. KRISTIN NAME 5.2 NAME STREET ADDRESS 360 CENTRAL AVE **5.3 STREET ADDRESS** ST. PETERSBURG FL CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE DEVP 6.1 TITLE Change Addition MENKE, ROBERT G NAME 6.2 NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption steed in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this annual report of 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 controlling 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. 1/20/98 813 823-4000 x 4416

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

360 CENTRAL AVE

ST PETERSBURG FL

STREET ADDRESS

CITY-ST-ZIP