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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90141 042 ***150.00

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DOCUMENT # 685966

JACK AUSTIN BUILDERS, INC.

Principal Plac	e of Business	Mailing Address				- 108110 01181 1819 0 1811 0 1811 0 1811 0 1811 0 1811 0 1811 0 1811 0 1811 0 1811 0 1811 0 1811 0 1811 0 1811	11 01911 218	II BIBII 818!I IBBI
5412 13TH AV	E DR W	PO BOX 7523						
PO BOX 7523 BRADENTON FL 34210 US						DO NOT WRITE IN THIS S	PACE	
US	L 34210	US				3. Date Incorporated or Qualifed	THOL	
						08/29/1980		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-2022268	<u> </u>	Not Applicable
Suite Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	,	Additional
22		27				S. Contraction of States Decircus		Required ,
City & Stat	te	City & State				6. Election Campaign Financing		May Be
Zip	Country	Zip	Coun	itrv	-	Trust Fund Contribution		to Fees
24	25	29	30	.u. y		8. This corporation owes the current year Intan Personal Property Tax.	gibie ∡Yes	□No
<u>1</u>	9. Name and Address of Currer		 			10. Name and Address of New Registered A		
			8	81 1	Name			
1	STIN, FAITH J		5	82 5	Street Addre	ess (P.O. Box Number is Not Acceptable)		
I .	2 13 AVE DR. WEST)	~ `	ou cot mount	cos (i .o. box rumber is not Acceptable)		
! -	BOX 7523		8	83				
BRA	NDENTON FL 34210		8	84 (City		85 Zip	Code
					•	FL_	l l ·	
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statut of Florida, Such change was a	es, the about	ove-n by the	amed corpo e corporatio	oration submits this statement for the purpose of charis board of directors. I hereby accept the appointr	nanging il ment as r	ts registered registered
agent. I a	ım familiar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Statut	tes.		· · · · · · · · · · · · · · · · · · ·		
SIGNATURE	Clareture hand as printed name of registered appear	the control of the co	. Clasiatana A			. CATE		
	Signature, typed or printed name of registered ager OFFICERS AN	· · · · · · · · · · · · · · · · · · ·			gnature required	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12
SIGNATURE 12. TITLE		nt and title if applicable. (NOTE ID DIRECTORS DELETE	: Registered A	igent siç	gnature required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT Change	
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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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURI

STREET ADDRESS

GNATURE AND TYPED OF SKINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUL. 5, 1999

941-792-6700

time Phone #

22E034 (11/98)