## **FILED** Mar 30 1998 8:00am Secretary of State

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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

THOMAS W. KELLEY CUSTO	DM BUILDERS, INC.				
Principal Place of Business	Mailing Address				
546 SW SIST TERRACE CAPE CORAL FL 33814	546 SW 51ST TERRACE CAPE CORAL FL 33914				
2. Principal Place of Business	2a. Mailing Address				
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.				

						DO NOT WHITE IN THIS SPACE				
					3. Date incorporated or Qualified					
					05/15/1981					
Principal Place of Business		26.	Mailing Address				4. FEI Number		Applied For	
		26					59-2103523		Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					.75 Additional		
		27					6. Certificate of Status Desired	F	ee Required	
City & State			City & State				6. Election Campaign Financing	\$5	.00 May Be	
		28					Trust Fund Contribution		ded to Fees	
Žιρ	Country		Zip	Country			8. This corporation owes or has paid the current year intangible			
	25	29		30			Personal Property Tax due June 30.	Yes	☐ No	
	), Name and Address of Cu	rrent Regist	ered Agent				10. Name and Address of New Registered	gent		
KELLE	Y, THOMAS W.			8	11	Name				
EAR OUI EART TERRAPE			8	-	Ctroot Addr	and (D.O. Day Number is Not Assentable)				
CAPE CORAL FL 33914		l°	-	Street Address (P.O. Box Number is Not Acceptable)						
<b>3.1</b> C				8	13					
				L	4					
				8	4	City	Ei	85	Zip Code	
								ــــــــــــــــــــــــــــــــــــــ		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 ai	m tamiliar with, and accopt the obligations	of, Section 607.0505, Flo	irida Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent and	tille if applicable (NOTE	: Registered Agent signature requi	ired when reinstating)	DATE	
12.	OFFICERS AND DIF	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETE	1.1 TITLE	•	Change	Addition
NAME	KELLEY THOMAS W		1.2 NAME			
STREET ADDRESS	546 SW 51ST TERRACE		1.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP			
TITLE	VO	☐ DELETE	2.1 TITLE		Change	Addition
NAME	KELLEY, TOM		2.2 NAME			
STREET ADDRESS	1732 SW 53RD LANE		2.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL		2. 4 CITY-ST-ZIP			
TITLE	ST	DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	KELLEY, MARIANNA		3.2 NAME			
STREET ADDRESS	1732 SW 53RD LANE		3.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL		3.4. CITY+ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	-	☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP	•		
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
MANAG			E O NAME			

14. Thereby 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 alligornight with an address.

STREET ADDRESS

Thomas W. Keller

3/23/98