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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

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Apr 20 1998 8:00am

Secretary of State

850 - 650 -

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600003302 (4)

Block 12 or Block 13 if changed or on an attachment with an address.

ALAMO CONTRACT BUILDERS, INC.

Principal Place of Business Mailing Address 1084 EMERALD BAY DR 1004 EMERALD BAY DR DESTIN FL 32541 DESTIN FL 32541 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/27/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 58-1790478 21 26 Not Applicable Sulte, 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 Zip 8. This corporation owes or has paid the currept year Intangible 24 25 29 Personal Property Tax due June 30. X Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 TEMPLES. STEVE 1084 EMERALD BAY DR. 82 Street Address (P.O. Box Number is Not Acceptable) DESTIN FL 32541 83 84 City Zip Code 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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statules. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change TITLE ■ Addition 1.1 TITLE TEMPLES, STEVE NAME 1.2 NAME 4164 TOWN BRANCH CT. 1084 Emerald Bay Drive STREET ADDRESS 1.3 STREET ADDRESS **COVINGTON GA 30209** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE \_\_\_ Addition HOFFMAN, BILL NAME 2.2 NAME **5122 LIBBY COVE.** STREET ADDRESS 2.3 STREET ADDRESS 412 Baywinds Drive Destin FL 32541 **COVINGTON GA 30209** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE TEMPLES, LINDA H NAME 3.2 NAME 1084 Emerald Bay Arive 4164 TOWN BRANCH CT. STREET ADDRESS 3.3 STREET ADDRESS **COVINGTON GA 30209** CITY-ST-ZIP 3.4. CITY-ST-ZIP Britin FL 3554 DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. 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