

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 15, 1999 8:00 am  
Secretary of State  
07-15-1999 90023 047 \*\*\*550.00

DOCUMENT # F98000005374  
1. Corporation Name  
SUMTER BUILDERS, INC.

Principal Place of Business  
1151 NORTH PIKE WEST  
SUMTER SC 29153  
Mailing Address  
1151 NORTH PIKE WEST  
SUMTER SC 29153



DO NOT WRITE IN THIS SPACE

|                                                                                                                        |                     |                     |                     |                                                                         |                                                    |
|------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|---------------------|-------------------------------------------------------------------------|----------------------------------------------------|
| 2. Principal Place of Business                                                                                         |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>09/24/1998                         |                                                    |
| 21                                                                                                                     | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br>76-0577089                                             | Applied For<br>Not Applicable                      |
| 22                                                                                                                     | City & State        | 27                  | City & State        | 5. Certificate of Status Desired                                        | \$8.75 Additional Fee Required                     |
| 23                                                                                                                     | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing Trust Fund Contribution                  | \$5.00 May Be Added to Fees                        |
| 24                                                                                                                     | Country             | 29                  | Country             | 8. This corporation owes the current year Intangible Personal Property. | Yes No                                             |
| 9. Name and Address of Current Registered Agent<br>NRAI SERVICES, INC.<br>526 EAST PARK AVENUE<br>TALLAHASSEE FL 32301 |                     |                     |                     | 10. Name and Address of New Registered Agent                            |                                                    |
|                                                                                                                        |                     |                     |                     | 81                                                                      | Name                                               |
|                                                                                                                        |                     |                     |                     | 82                                                                      | Street Address (P.O. Box Number is Not Acceptable) |
|                                                                                                                        |                     |                     |                     | 83                                                                      |                                                    |
|                                                                                                                        |                     |                     |                     | 84                                                                      | City                                               |
|                                                                                                                        |                     |                     |                     | 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 |                                                                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
| TITLE                      | VASD<br>EASTMAN, BRAD<br>1360 POST OAK BLVD., STE. 2100<br>HOUSTON TX 77056-3023    | 1.1 TITLE                                             |  |
| NAME                       |                                                                                     | 1.2 NAME                                              |  |
| STREET ADDRESS             |                                                                                     | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                                                                     | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | P<br>GAUGHF, J. P<br>1151 NORTH PIKE WEST<br>SUMTER SC 29153                        | 2.1 TITLE                                             |  |
| NAME                       |                                                                                     | 2.2 NAME                                              |  |
| STREET ADDRESS             |                                                                                     | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                                                                     | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | V<br>MOORE, TIM<br>1151 NORTH PIKE WEST<br>SUMTER SC 29153                          | 3.1 TITLE                                             |  |
| NAME                       |                                                                                     | 3.2 NAME                                              |  |
| STREET ADDRESS             |                                                                                     | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                                                                     | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | CFO<br>VADEN, ROBERT T<br>1151 NORTH PIKE WEST<br>SUMTER SC 29153                   | 4.1 TITLE                                             |  |
| NAME                       |                                                                                     | 4.2 NAME                                              |  |
| STREET ADDRESS             |                                                                                     | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                                                                     | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | V<br>DAVIS, ALLEN F<br>1151 NORTH PIKE WEST<br>SUMTER SC 29153                      | 5.1 TITLE                                             |  |
| NAME                       |                                                                                     | 5.2 NAME                                              |  |
| STREET ADDRESS             |                                                                                     | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                                                                     | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VAS<br>JENSEN, DERRICK A<br>1360 POST OAK BLVD., STE. 2100<br>HOUSTON TX 77056-3023 | 6.1 TITLE                                             |  |
| NAME                       |                                                                                     | 6.2 NAME                                              |  |
| STREET ADDRESS             |                                                                                     | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                                                                     | 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.

SIGNATURE: \_\_\_\_\_  
ROBERT T. VADEN 2/5/99 (903) 469-5585

CR2E034 (5/99)