

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
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90003 021 ***550.00

DOCUMENT # **H13031** ✓

1. Corporation Name

MAYFAIR BUILDERS, INC.

Principal Place of Business
16243 E. CHELTENHAM DR.
LOXAHATCHEE FL 33470

Mailing Address
16243 E. CHELTENHAM DR.
LOXAHATCHEE FL 33470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1984

2. Principal Place of Business

21 **16030 E. Downers Dr**
Suite, Apt. #, etc.

22 City & State **Loxahatchee Fla**

23 Zip **33470** Country **USA**

24 **33470** 25 **USA**

2a. Mailing Address

26 **16030 E Downers Dr**
Suite, Apt. #, etc.

27 City & State **Loxahatchee Fla**

28 Zip **33470** Country **USA**

29 **33470** 30 **USA**

4. FEI Number

59-2439529

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

GROTTHOLF, WILLIAM R
16243 E CHELTENHAM DR
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

81 Name

GOTTHOLF, William R

82 Street Address (P.O. Box Number is Not Acceptable)

16030 E Downers Dr

83

84 City

Loxahatchee

FL

85 Zip Code

33470

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

William R Gottholf President

7/27/99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **PTSD**
NAME **GOTTHOLF, WILLIAM R.**
STREET ADDRESS **16243 E. CHELTENHAM DR.**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: **William R Gottholf**

7/27/99

561-798-6202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0002118