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 # H40784

C & J HOMEBUILDERS, INC.

(1)

FILED May 19 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address				
2250 B HWY 98 MARY ESTHER FL 32569		2250 B HWY 98 Mary Esther Fl 32569				
US		US	U\$			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						02/01/1985
2. Principal P	2a. Mailing Address	ng Address			4. FEI Number Applied For	
21		26				59-2489019 Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State			City & State			6. Election Campaign Financing \$5.00 May Be
23		·	28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	T C01	untry		
—	├ ¬ '	├ -¬ı '	⊢ ′			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25	29	30	1		Personal Property Tax due June 30. L. Yes L. No 10. Name and Address of New Registered Agent
	9. Name and Address of Curre	nt Hegistered Agent		81	Man	
	HBURG, PATRICIA L.			וים	Name	me
443 SANDY RIDGE CIRCLE				82 Street Address (P.O. Box Number is Not Acceptable)		
MAI	RY ESTHER FL 32569					,
				83		
				Ш		
				84	City	FL 85 Zip Code
	10 007 00	00 1 002 4500 51-45- 01-4				med corporation submits this statement for the purpose of changing its registered
office or r	enietered arrent or both, in the State	e of Florida, Such change was	authorize	d hv	the co	corporation's board of directors. I hereby accept the appointment as registered
agent. La	m fa miliar with, and accept the oblig	gations of, Section 607.0505, F	lorida Sta	lules	٠.	
SIGNATURE						
Old Williams	Signature, typed or printed name of registered as	jent and tille if applicable (NC	TE Registere	d Age	ni signati	nature required when reinstating) DATE
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 T	ITLE		Change Addition
NAME	RICHBURG, CHARLES B		1.2 N	AME		
STREET ADDRESS	443 SANDY RIDGE CIRCLE		135	TREET	ADDRESS	FSS
	MARY ESTHER FL					
CITY-ST-ZIP	VP	☐ DELETE	211	TY-SI	1 - 211	Change Addition
TITLE	••		1			
NAME	RICHBURG, PETER J		2.2 N	AME		
STREET ADDRESS	457 SANDY RIDGE CIRCLE		2.3 \$	TREET	ADDRESS	ESS
CITY-ST-ZIP	MARY ESTHER FL		2.40	2.4 CITY-ST-ZIP		
TITLE	80	DELETE	3.1 T	ITLE		Change Addition
NAME	RICHBURG, PATRICIA L.		3.2 N	AME		
STREET ADDRESS	443 SANDY RIDGE CIRCLE		3.3 S	TREET	ADDRESS	FSS
CITY-ST-ZIP	MARY ESTHER F		1		37 - ZIP]
TITLE		DELETE	4.1 T	• • • • • • • • • • • • • • • • • • • •	TH.	Change Addition
			-			
NAME			4.21			
STREET ADDRESS			4.3 S	TREET	ADDRESS	ESS
CITY-ST-ZIP			4.4 C	ITY-SI	I - ZIP	
TITLE	-	DELETE	5.1 T	ITLE		Change Addition
NAME			5.2 N	AME		
STREET ADDRESS			535	TREFT	ADDRESS	FSS
1			- 1			
CITY-ST-ZIP		DELETE		ITY-SI	1 - 7 IP	Change Addition
TITLE			6.1 T			Ti quarde Ti voquon
NAME			6.2 N	AME		
STREET ADDRESS			6.3 S	TREET	ADDRESS	ESS
CITY-ST-ZIP			6.4 C	ITY-SI	r - ZIP	
	- 1	101 of 1 40 A A 104				stated in Costion 140.07(9)(i) Etarida Statutos I further portific that the information

I nereby 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.