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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H48726 1. Corporation Name

SOUTHERN SPECIALTY BUILDERS, INC.

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90013 029 ***150.00

				-		IEBO BIBIO BIBI IBBI	
Principal Place of Business	Mailing Address					11811 81811 91811 1691	
ROUTE 8. BOX 1663 RT. 16. BOX 63 LAKE CITY FL 32055	ROUTE 8. BOX 1663 RT. 16 BOX 63 LAKE CITY FL 32055 US			DO NOT WRITE IN THIS SP/	ACE		
US				3. Date Incorporated or Qualifed			
				03/22/1985			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 RT & BOX 1663	26 RT 8 BOX	X/	1663	59-2543665		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-	•		_	75 Additional e Required	
City & State 23 LAXE CITY FL	City & State 28 LAKE CITY FL			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 24 32255 25	Zip Col 29 32-05-5 30	untry		8. This corporation owes the current year Intangi Personal Property Tax.	ble Yes	□No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
Anderson, George E. Route 8, Box 1663		81 Name 82 Street Address (P.O. Box Number is Not Acceptable)					
							LAKE CITY FL 32055
		84	City	FL ⁸	5	Zip Code	
 Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga 	of Florida. Such change was authorize	d by	tne corporation	ration submits this statement for the purpose of char i's board of directors. I hereby accept the appointme	iii a	is registered	

SIGNATUR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE 1.1 TITLE TITLE 1.2 NAME NAME ANDERSON, GEORGE E. 1.3 STREET ADDRESS **ROUTE 8, BOX 1663** STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL Addition ☐ Change DELETE 2.1 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

COMPGEE. ANDERSON

CR2E034 (11/98)