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

SIGNATURE:

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT FILED Secretary of State **DIVISION OF CORPORATIONS** 1999 90 APR 30 PH 2: 29 DOCUMENT # H77445 SECLETARY OF STATE AMERICAN EQUITY BUILDERS, INC. Principal Place of Business Mailing Address 03/17/99 90010 011#150.00 201 64TH ST S ST PETERSBURG FL 30707 201 64TH ST SO ST PETERSBURG FL 30707 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/24/1985 2. Principal Place of Business 2a Mailing Address 4 FFI Number Applied For 21 26 59-2591946 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes the current year Intangible **ĕ**No 25 30 24 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JACKSON, GENE F 82 Street Address (P.O. Box Number Is Not Acceptable) 201 64TH ST SO ST PETERSBURG FL 33707 113 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, unlike State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Am familiar with, and accept this obligations of, Section 607.0505. Florida Statutes.

SIGNATURE

Signature typic or prefer the indicated after any least appearable.

INOTE Repairer Agent sophium required when invasibling. CR2E034 (11/98) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 C) DELETE Addition TITLE 11 TITLE JACKSON, GENE F. NAME 12 NAME 201 64TH ST SO STREET ADDRESS 13 STREET ADDRESS ST PETERSBURG FL 33707 CITY-ST-7P 14 CITY-ST-ZIP DELETE TITLE 21 TITLE Change Addition VILLANCOURT, MARTA NAME 2 I NAME 11157 117TH ST. N. STREET ADDRESS 23 STREET ADDRESS **LARGO FL 34648** 2 4 OTY-ST-ZP CITY-ST-ZE DELETE Change Addition TITLE 3 I TITLE NAME 32 NAME STREET ADDRESS 33 STREET ADORESS CITY ST 2P 34 CITY-ST-ZIP () DELETE ☐ Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition TITLE SITITLE 52 NAME NAME 53 STREET ADDRESS STREET ADDRESS \$4 CITY- \$1-ZIP CITY-ST-ZIP & I TITLE TITLE C DELETE Change Addition MAME 63 STREET ADDRESS STREET ADDRESS CITY-ST-ZP 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 correctation or the recognition or the recognition or the report 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 chapter, or on an article of the correctance of the correcta

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