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

**PROFIT CORPORATION** ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # H93563

R. J. CUSTOM BUILDERS, INC.

(5)

Secretary of State

**FILED** 

Jan 30 1998 8:00am

Principal Place of Business Mailing Address W WILLIAM SCOTT FOSTER **% WILLIAM SCOTT FOSTER** 809 MAR WALT DRIVE. SUITE 1014 909 MAR WALT DRIVE. SUITE 1014 FORT WALTON BEACH FL 32547-6711 FORT WALTON BEACH FL 32547-6711 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/09/1986 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2620799 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Ζıp Country 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FOSTER, WILLIAM SCOTT 909 MAR WALT DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1014** FORT WALTON BEACH FL 32548 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE Change TITLE 1.1 YO LE JONKE, ROBERT NAME 1.2 NAME 231 COUNTRY CLUB ROAD 1.3 STREET ADDRESS STREET ADDRESS SHALIMAR FL CITY - ST - ZIP 1.4 CITY-S1-ZIP DST DELETE Change Addition TITLE 2.1 TITLE JONKE, SUE ANN NAME 2.2 NAME 231 COUNTRY CLUB ROAD STREET ADDRESS 2.3 STREET ADDRESS SHALIMAR FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change 3.1 TITLE Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME

CITY-ST-ZIP 6.4 CITY - ST-ZIP 14. Thereby 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

6.3 STREET ADDRESS