

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **J06241**

1. Corporation Name

FOYE BUILDERS, INC.

FILED
May 17, 1999 8:00 am
Secretary of State
U

05-17-1999 90079 003 ***150.00



Principal Place	e of Business	Mailing Address					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2340 PERWINKL		2340 PERWINKLE WAY							
SUITE M-2	LE TIMI	SUITE M-2							
SANIBEL FL 33957		SANIBEL FL 33957				DO NOT WRITE IN	HIS S	PACE	
US	US	3. Date Incorporated or Qualifed 03/27/1986							
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
			<u> </u>						Not Applicable
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite Act # etc				\$8.75 Additional		
		— — · · · ·				5. Certificate of Status Desired Fee Required			
City & State		City & State	City & State		6 Fleetier Compaign Financing		\$5.00	0 May Be	
City & State					6. Election Campaign Financing Trust Fund Contribution		•	d to Fees	
23		28	Cour		· -	and the same of th		· · · -	
Zip	Country	Zip	r	шу		 This corporation owes the current year Personal Property Tax. 		∏ Yes	□No
24	[25]		30						
	9. Name and Address of Curre	ent Registered Agent		81	Marro	10. Name and Address of New Registe	Teu A	yent	
EOV	E. MARTIN J.			01	Name				
			t	82	Street Add	Iress (P.O. Box Number is Not Acceptable)			
	KINCAID COURT								
SAN	IBEL FL 33957		[83					
_				9.4	City			85 Zir	p Code
•				84	City		FL	65 Zi	p Code
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE	Registered	Agent	signature requir	ed when reinstating) DAT	E		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICER	SANE	DIRECT	TORS IN 12
TITLE	PD	☐ DELETE	11 TIT	Œ				Change	e 🔲 Additi
NAME	FOYE, MARTIN J.		1.2 NA	ME					
STREET ADDRESS	COLO VINIONE COURT		1.3 ST	REET A	ADDRESS				
CITY-ST-ZIP	SANIBEL FL		ı	Y-ST-					
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	FOYE, ERIKA H.		2.2 NA						
NAME	1								
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CITY-ST-ZIP		☐ DELETE	6.1 TIT					☐ Change	e
			6.2 NA						
NAME			1		ADDRESS				
STREET ADDRESS	:I		0.33	KEEL	ペレハレビ (20)				

64 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE: