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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J45325

(4)

MATHIS BUILDERS, INC.

FILED
Apr 23 1997 8:00am
Secretary of State



Principal Plac	de of Business	Mailing Address				#1411 61911 61911 G1		411 /441
% WILLIAM G. MATHIS 4339 S. ATLANTIC CIRCLE N. FORT MYERS FL 33903		% WILLIAM G. MATHIS 4339 S. ATLANTIC CIRCLE N. FORT MYERS FL 33903-5004						
					3. Date Incorporated or Qualified 01/01/1987	3a. Date of 04/25/19		port
2. Principal f	Place of Business	2a. Mailing Address	*****		4. FEI Number		Apr	olied For
21		26			59-2821040		Not	Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			6 Certificate of Status Desired	1 1 7 -	3.75 Ac	
22		27			5. Certificate of Status Desired		Fee Req	uired
City & Sta	te	City & State			6. Election Campaign Financing	\$	5.00 N	Лау Ве
23		28			Trust Fund Contribution NO		Added to	Fees
Zφ	Country	Zφ	Cou	intry	8. This corporation has liability for			199.032,
24	25	29	30			Yes No		
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Re	gistered Agent	<u>t</u>	
MAT	this, william G.			81 Name				
433	9 S. ATLANTIC CIRCLE			82 Street Add	dress (P.O. Box Number is Not Acceptate	ale)		
N. F			5,557,700	and the sent the sent to the transplate				
				83	744 114 114 114 114 114 114 114 114 114			
							1	
				84 City		FL 85	Zip Ci	ode
SIGNATURE	arrifarreliar with, and accept the oblig Standard typical or protect name of registered ago	ent and title if applicable (NC	DTE: Registere		ulred when reinstaling)	DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	ECTORS	IN 12
TITLE	PD	☐ DELETE	1.1 7(TLE			Change	Additio
NAME	MATHIS, WILLIAM G.		1.2 N	AME				
STREET ADORESS			1.3 \$	TREET ADDRESS				
CITY-ST-ZIP	N. FORT MYERS FL		1.4 C	ITY-ST-ZIP				
MLE	SD	DELETE	2111	TLE			Change	Addilio
NAME	MATHIS, MARGARET L.		2.2 N	AME				
STREET ADDRESS	4339 S. ATLANTIC CIRCLE		2.3 S	TREFT ADDRESS				
D/TY - ST - Z/P	N. FORT MYERS FL		2.40	CITY-ST-ZIP				
HTLF		DELETE	3.1 11	TLE			Change	Additio
NAME			3.2 N	AME				
STREET ADDRESS			3.3 S	TREET ADDRESS				
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CHY - \$1 - 7(P			4,4 C	ITY-ST-ZIP				
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CITY - S1 - ZIP				ITY-ST-ZIP				
TifleF	<u> </u>	DELETE	617		***************************************		Change	Additio
NAME			62 N	į.			. 4"	
				i				
STREET ADDRESS				TREET ADDRESS				
City St-ZP	1		■ 64 C	ITY-ST-ZIP				

14. I do 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 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.

SIGNATURE:

SIGNATURE

SIGNATURE

**Property NAME of Engine Property NAME of Engine Pro

Daytime Phone #