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Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J54702 (2)

1. Corporation Name
LUMAR BUILDERS, INC.

Principal Place of Business	Mailing Address
1853 PT ST LUCIE BLVD PORT ST. LUCIE FL 34952 US	1853 PT ST LUCIE BLVD PORT ST. LUCIE FL 34952 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1987

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2770167 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WARNER, FOX, SEELEY, DUNGEY & SWEET
1100 S. FEDERAL HWY.
PO BOX 6
STUART FL 34995-0006

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ANZIL, LISA		1.2 NAME		
STREET ADDRESS	2374 SE FLORESTA DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	PT ST LUCIE FL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ANZIL, MARK		2.2 NAME		
STREET ADDRESS	2374 SE FLORESTA DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PT. ST. LUCIE FL 34984		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BENEDETTO, JOSEPH D		3.2 NAME		
STREET ADDRESS	1673 SE N BLACKWELL DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PT ST LUCIE FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ANZIL, LOUIS		4.2 NAME		
STREET ADDRESS	1911 NE MEDIA AVE. UNIT 12		4.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BCH. FL 34957		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: [signature] URRENDERED 1-8-98 (561)335-0883