

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90231 031 \*\*\*150.00

DOCUMENT # J55362

1. Corporation Name  
ALMAND-DAVIS BUILDERS, INC.

Principal Place of Business  
3011 ROBERT OLIVER AVENUE  
FERNANDINA BEACH FL 32034  
US

Mailing Address  
3011 ROBERT OLIVER AVENUE  
FERNANDINA BEACH FL 32034  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1987

4. FEI Number

59-2767419

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3035 Robert Oliver Ave

2a. Mailing Address

26 P.O. Box 15249

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Fernandina Beach, FL

Zip Country

24 32034 25 US

City & State

28 Fernandina Beach, FL

Zip Country

29 32034 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLIVER, CATHY A  
3011 ROBERT OLIVER AVENUE  
FERNANDINA BEACH FL 32034

81 Name  
Cathy A. Oliver

82 Street Address (P.O. Box Number is Not Acceptable)  
3035 Robert Oliver Avenue

83

84 City Fernandina Beach, FL 85 Zip Code 32034

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

TITLE DP ☐ DELETE  
NAME ALMAND-OLIVER, CATHY L.  
STREET ADDRESS 2974 PARK SQUARE PLACE  
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE DV ☐ DELETE  
NAME DAVIS, TODD F.  
STREET ADDRESS 1934 LAKESIDE DRIVE S.  
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE VP ☐ DELETE  
NAME OLIVER, JAMES F  
STREET ADDRESS 2974 PARK SQUARE PLACE  
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE S ☐ DELETE  
NAME DAVIS, LINDA A  
STREET ADDRESS 1934 LAKESIDE DRIVE SOUTH  
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Date

(904) 261-6778

Daytime Phone #

CR2E034 (1/98)