FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 JUN 26 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # J80133

1. Corporation Name
CENTURY BAY BUILDERS, INC.

Principal Place of Business / Mailing Address
149½ N. TAMIAMI TRAIL
OSPREY, FL 34229

200001525402
-06/28/95--01025--017
****225.00 ****225.00
DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 6-24-87
3a. Date of Last Report: 1994

2. Principal Place of Business
21: 149½ N. TAMIAMI TR.
Suite, Apt. #, etc.
22: OSPREY, FL
City & State
23: 34229
Zip / Country
24: / 25: SARASOTA

2a. Mailing Address
26: 149½ N. TAMIAMI TR.
Suite, Apt. #, etc.
27:
City & State
28: SARASOTA, FL
Zip / Country
29: 34229 / 30: SARASOTA

4. FEI Number: 59-2825439 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
ROBERT W. STUFFINGS
7242 VILLA D'ESTE DR.
SARASOTA, FL 34238

10. Name and Address of New Registered Agent
01 Name: ROBERT L. STUFFINGS
02 Street Address (P.O. Box Number is Not Acceptable): 37 OSPREY POINT DR.
03:
04 City: OSPREY FL 05 Zip Code: 34229

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: Robert W. Stuffings
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		11 TITLE	P-V.T-D	☒ Change ☐ Addition
NAME		12 NAME	ROBERT L. STUFFINGS	
STREET ADDRESS		13 STREET ADDRESS	37 OSPREY POINT DR.	
CITY-ST-ZIP		14 CITY-ST-ZIP	OSPREY, FL 34229	
TITLE		21 TITLE	S-D	☒ Change ☐ Addition
NAME		22 NAME	ROBERT W. STUFFINGS	
STREET ADDRESS		23 STREET ADDRESS	7242 VILLA D'ESTE DR.	
CITY-ST-ZIP		24 CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP	TJ, 6/26/95	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Robert W. Stuffings 5-31-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #