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 # J81118

(8)

TUTTLE'S DESIGN-BUILD, INC.	, ,
Principal Place of Business	Mailing Address
5100 STATE ROAD 7	5100 STATE ROAD 7

FILED May 12 1997 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Address		_	-		
5100 STATE R LAKE WORTH		5100 STATE ROAD 7 LAKE WORTH FL 33467-5403					
					3. Date Incorporated or Qualified 07/01/1987	3a. Date of Last Repo	ort
	Place of Business	2a. Mailing Address	,		4. FEI Number	Appli	od For
21		26			59-2845357	Not A	\pplicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Add	
City & Stat	te	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 Ma	
Zip	Country	Zip	Country		8. This corporation has liability for in		99.032,
24	25	29 30	0]			Yes No	
	9. Name and Address of C	Current Registered Agent	81	Name	10. Name and Address of New Reg	pistered Agent	
	TLE, BRIAN		[81]				
5100 STATE ROAD 7 LAKE WORTH FL 33467		82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
			83				
			84	City	AND AND A STANDARD PLANT STREET, STANDARD STANDA	FL 85 Zip Coi	de
11. Pursuant	to the provisions of Sections 60	07.0502 and 607.1508, Florida Statutes, State of Florida Such change was aut	the above	-named corp	oration submits this statement for the p		egistered
agent. I a	am familiar with, and accept the	obligations of, Section 607.0505, Floric	da Statutos	i.	one seems of constitution (noticely access)	The appearance of the	,
SIGNATURE	Signature typed or printed name of registe	cred agent and Uto it applicable (NOTE: R	logistored Age	nt signature require	ed when reinstating)	DATE	
12.		RS AND DIRECTORS	18.	1.4	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS I	
TITLE	PŠD	DELETE	1.4 THLE	101	RECTOR (NOT PRESIDENT	Change L	Addition
NAME	TUTTLE, BRIAN		1.P NAME		ಎ	eucenner)	
STREET ADDRESS	5100 STATE ROAD 7		1.8 STREET				
CITY-ST-ZIP TITLE	LAKE WORTH FL 33467	DELETE	1.4 City - S 2.4 Title	1 - Z(P		Change	Addition
NAME	D COMEY, ROBERT	L. better	2.1 TITLE 2.2 NAME			Shange	
STREET ADDRESS	101 2ND ST SUIT 800		2.8 STREET	ADDDESC			
CITY-ST-ZIP	CEDAR RAPIDS IA		2.03mtc1 2.40ffy-9	:1 - 7IP			
TITLE	OLDAN (WA IDO II)	DELETE	3.1 Till£	5/	CCRETARY, VICEPRESID	DENT Change	Addition
NAME			3.2 NAME	S	TEPHEN ROOS	, , _ ,	_
STREET ADDRESS			3.3 \$1REE1	ADDRESS .C.	ECRETARY, VICEPRESID TEPHEN ROOS 100 STATE ROAD 7 AKE WORTH, FL 3.		
CITY-ST-ZIP			3.4. C(1y - 9	SI-ZIP L	ARE WORTH, FL 3.	3467	
TITLE		☐ DELETE	4.1 TITLE			Change [Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.B STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T - 7 IP			
TITLE		☐ DELFTE	5.1 TO LE			∐ Change [Addition
NAME			5.2 NAME			•	
STREET ADDRESS				ADDDECC			I
			5.B STREET				
CITY-ST-ZIP		T No. 17	5.4 DITY-S			T Observe T	Addition
TITLE		DELETE	5.4 DITY-S 6.1 TITLE			☐ Change [Addition
TITLE NAME		DELETE	5.4 CITY-S 6.1 TITLE 6.2 NAME	1-ZiP		☐ Change [Addition
TITLE		DELETE	5.4 DITY-S 6.1 TITLE	1-ZIP ADDRESS		☐ Change [Addition

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 or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; 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 chapted, or on an attachment with an address.

561-968-5272