05-03-1999 90090 017 ***150.00

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

DOCU	MENT # J94676					
HUTAL P	MERICAN BUILDERS, INC.				alen alen sien eiali Sien	1881
Principal Place	of Business	Mailing Address	Tennorth III	- I (MULLIA MITA INITI EIRIA NITIE ANTE ANTE ANTE MINITIALI	Biart graft gibit atali atali	
2701 CLEVELAN	ID AVENUE	2701 CLEVELAND AVENUE				
SUITE 2	*	SUITE 2		DO NOT WRITE IN THI	C CDACE	
FT, MYERS FL	33901	FT. MYER\$ FL 33901 US		3. Date Incorporated or Qualifed		\neg
US		US		09/29/1987		
2 Oringinal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied Fo	or
21	ace of Business	26		65-0013402	Not Applic	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		· _	\$8.75 Addition	ai
22	2000	27		5. Certifcate of Status Desired	Fee Required	
City & State	3	City & State		6. Election Campaign Financing	\$5.00 May Be	э
23		. 28		Trust Fund Contribution	Added to Fees	
. Zip	Country	Zip	Country	8. This corporation owes the current year la		ł
24	25	29 3	0	Personal Property Tax.	Yes No	
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered	1 Agent	\dashv
BOY	AL, DAN JR.					
2701 CLEVELAND AVENUE			82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
	MYERS FL 33901		83			
• • . •						
	•		84 City	. F	85 Zip Code]
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statutes	the above-named corp	aration culturity this statement for the number of	of changing its register	red
office or re	egistered agent, or both, in the State	of Florida, Such change was aut	horized by the corporation	on's board of directors. I hereby accept the app	ointment as registered	,
	m ramiliar with, and accept the obliga	adis of, Section 607.0000, Floric	da Statutes.			ļ
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	Registered Agent signature required			
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	F VP.	☐ DELETE	1.1 TITLE		☐ Change ☐ A	ddition]
NAME	MARTIN, RONALD C.		1.2 NAME			-
STREET ADDRESS	127 CHARLES STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP		Change A	ddition
TITLE	STD.	☐ DELETE	2.1 TITLE		Orlange Or	
NAME	LACY, PATTI S.		2.2 NAME			{
STREET ADDRESS	6720 WILLOW LAKE CIR.		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	FT. MYERS FL		2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ A	ddition
NAME	ROYAL, DAN, JR.	[3.2 NAME	•	_ , _	
STREET ADDRESS	36 LAGOON STREET		33 STREET ADDRESS			\ \ \ \ \
CITY-ST-ZIP	FT. MYERS FL		3.4. CITY-ST-ZIP			
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ A	ddition
NAME	NEWMAN, WALTER		4. 2 NAME			
STREET ADDRESS	30 LAGOON STREET	4	4.3 STREET ADDRESS	•		1
CITY-ST-ZIP	NORTH FORT MYERS FL		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ A	ddition
NAME			5.2 NAME	•		ļ
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			alatini
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ A	ddition
NAME			6.2 NAME			ł
CTDEET ADDRESS	•		6.3 STREET ADDRESS			

6.4 CITY-ST-ZIP 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 supplementaneural 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 or an attachment with an address, with all other like empowered.

SIGNATURE: