

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

FILED
Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K75382 (7)

1. Corporation Name
SWEET HOMEBUILDERS AND REMODELING, INC.



Principal Place of Business
**151 REGIONS WAY
 BLDG 1 STE C
 DESTIN FL 32541
 US**

Mailing Address
**151 REGIONS WAY
 BLDG 1 STE C
 DESTIN FL 32541-5106
 US**

3. Date Incorporated or Qualified
03/21/1989

3a. Date of Last Report
03/04/1996

4. FEI Number
59-3044970

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
 21 State, Apt #, etc
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt #, etc.
 27 City & State
 28 Zip Country
 29

9. Name and Address of Current Registered Agent

**SWEET, MAURICE
 217 MATTIE'S WAY
 DESTIN FL 32541**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SWEET, MAURICE	
STREET ADDRESS	217 MATTIE'S WAY	
CITY-STATE-ZIP	DESTIN FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	SWEET, CHERYL	
STREET ADDRESS	217 MATTIE'S WAY	
CITY-STATE-ZIP	DESTIN FL	
TITLE	VPC	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, GERALD A	
STREET ADDRESS	4498 CLIPPER COVE	
CITY-STATE-ZIP	DESTIN FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILDES, KEITH A	
STREET ADDRESS	645 JAMES LEE RD 142	
CITY-STATE-ZIP	FT WALTON BEHAC FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	STEWART, ROLAND E	
STREET ADDRESS	574 POCHANTAS	
CITY-STATE-ZIP	FT. WALTON BEACH FL 32569	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BUCKLEY, CLIFFORD	
STREET ADDRESS	28 AZALEA DRIVE	
CITY-STATE-ZIP	MARY ESTHER FL 32569	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Secretary/Treasurer
2.3 STREET ADDRESS	Sweet Cheryl
2.4 CITY-STATE-ZIP	217 Mattie's Way Destin Fla 32541
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. 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 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: *Maurice L Sweet* **MAURICE L Sweet**
 President 5/27/97 904-837-4299
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE034 (9/96)