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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

SWEET HOMEBUILDERS AND REMODELING, INC.

Principal Place of Business Mailing Address 151 REGIONS WAY 151 REGIONS WAY BLDG 1 STE C DESTIN FL 32541 BLDG 1 STE C DO NOT WRITE IN THIS SPACE DESTIN FL 32541 3. Date Incorporated or Qualified 03/21/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3044970 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 27 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 23 28 Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SWEET, MAURICE 81 Name 217 MATTIE'S WAY Street Address (P.O. Box Number is Not Acceptable) 82 DESTIN FL 32541

Zip Code City F 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.

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SIGNATURE Signature, typed or profiled curse of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	DELETE	1.1 TITLE		Change	Addition
NAME	SWEET, MAURICE		1.2 NAME			
STREET ADDRESS	217 MATTIE'S WAY		1.3 STREET ADDRESS			
CITY-ST-ZIP	DESTIN FL		1.4 CITY-ST-ZIP			
TITLE	ST	DELETE	2.1 TITLE		Change	Addition
NAME	SWEET, CHERYL		2.2 NAME			
STREET ADDRESS	217 MATTIE'S WAY		2.3 STREET ADDRESS	•	÷	
CITY-ST-ZIP	DESTIN FL	/	2. 4 CITY - ST - ZIP			
TITLE	VPC	DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	armstrong, gerald a		3.2 NAME			
STREET ADDRESS	4498 CLIPPER COVE		3.3 STREET ADDRESS			
CITY-ST-ZIP	DESTIN FL		3.4. CITY - ST - ZIP			
TITLE	VP	DELETE	4.1 TITLE		Change	☐ Addition
NAME	WILDES, KEITH A	*	4. 2 NAME			
STREET ADDRESS	645 JAMES LEE RD 142		4.3 STREET ADDRESS			
CITY-ST-ZIP	FT WALTON BEHAC FL		4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5 1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	61 TITLE		Change	☐ Addition
NAME			6 2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

14. I heroby 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:

856-837-4299 2/20/98

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□ No

Yes_

Not Applicable

FILED

Feb 24 1998 8:00am

Secretary of State