05-05-1999 90235 024 ***150.00

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Mailing Address

2708 WINDING WAY

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L18456**

1. Corporation Name

Principal Place of Business

2708 WINDING WAY

F & G ROADBUILDERS ASSET CORPORATION

Palm Harbor US	FL 34683	PALM HARBOH FL 34693 US			DO NOT WRITE IN THIS SPACE				
00		00			3. Date Incorpo	rated or Qualifed			
					09/26/198	9			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number				Applied For
21		26			59-29970	76			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of	Status Desired			75 Additional e Required
City & State	e	City & State			6. Election Carr	paign Financing		\$5.	.00 May Be
23		28			Trust Fund C	ontribution		Ad	ded to Fees
Zip	Country Zip Country					ion owes the curre	nt year Inta		_
24	25	29 30	0		Personal Pro			Yes Yes	□No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and A	ddress of New Re	egisterea A	Agent	
PITTI	MAN, PATRICE L	"	Name						
2708		82	82 Street Address (P.O. Box Number is Not Acceptable)						
PALI	M HARBOR FL 34683		83						
]	7in Code
			84	City			FL	85	Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	, the above	e-named co	rporation submits this	statement for the p	urpose of	changir	g its registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	f Florida. Such change was auth	horized by	the corpora	tion's board of directo	rs. I hereby accept	the appoin	itment a	as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Ager	t signature requ	red when reinstating)		DATE		
12.	OFFICERS ANI		13.		ADDITIONS/C	HANGES TO OFF	ICERS AN		
TITLE	PD	☐ DELETE	1.1 TITLE					Cha	inge
NAME	PITTMAN, PATRICE L		1.2 NAME						
STREET ADDRESS	2708 WINDING WAY		1.3 STREE						
CITY-ST-ZIP	PALM HARBOR FL 34683	□ DELETE	1.4 CITY-S	r-zip				☐ Cha	nge
TITLE			2.1 TITLE						inge [] reduce
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREE						
CITY-ST-ZIP		☐ DELETE	2.4 CITY-S 3.1 TITLE	1-ZIP	<u>-</u>			☐ Cha	inge Addition
TITLE		C) Deterie	3.2 NAME						3 _
NAME			3.3 STREE	T ADDRESS					
STREET ADDRESS			3.4. CITY-S						
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.1 TITLE	1 41				Cha	inge Addition
NAME			4. 2 NAME						
STREET ADDRESS				ADORESS					
CITY-ST-ZIP			4.4 CITY-S						
TITLE		☐ DELETE	5.1 TITLE					☐ Cha	nge 🔲 Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	TADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE					Cha	inge
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	FADDRESS					
CITY-ST-ZIP			6.4 CITY-S	T-21P				_	

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 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 charged, or on an attackment with an address, with all other like empowered. SIGNATURÈ