## 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

## DOCUMENT # L33745

SUTTON BUILDERS, INC.

## **FILED** Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90032 007 \*\*\*150.00



| Principal Place of Business   |  | Mailing Address  |  |  |   |  |                                |                    |
|---|--|--|--|--|---|--|--------------------------------|--------------------|
| 363 PINELLAS BAYWAY #35   |  | BOX 17874  |  |  |   |  |                                |                    |
| TIERRA VERDE FL 33715   |  | TAMPA FL 33682   |  |  |   |  |                                |                    |
| US  |  | US   |  |  | •   | DO NOT WRITE IN THIS SPACE   |                                |                    |
|   | •  | •  |  |  |   | 3. Date Incorporated or Qualifed • 12/05/1989  |                                | Ì                  |
| 2. Principal F  | Place of Business                          | 2a. Mailing Address  |  |  |   | 4. FEI Number  | A                              | pplied For         |
| 21  |  | 26   |  |  |   | 02-3367625 Not Applica   |                                | ot Applicable      |
| Suite, Apt. #; etc.   |  | Suite, Apt. #, etc.  |  |  | \$8.75 Additio                              |  | Additional                     |                    |
| 22  |  | 27   |  |  | 5. Certifcate of Status Desired `           | Fee R  | equired                        |                    |
| City & State  |  | City & State   |  |  | 6. Election Campaign Financing S5.00 May Be |  |                                |                    |
| 23  |  | 28   |  |  | Trust Fund Contribution                     |  | to Fees                        |                    |
| Zip Country   |  | Zip  |  |  |   | 8. This corporation owes the current year Inta   | ingible                        |                    |
| 24  | 25   | 29   | 30   |  | •   | Personal Property Tax.   | Yes                            | <b>∠</b> INo       |
| <del></del>   | 9. Name and Address of Current             | Registered Agent   |  |  |   | 10. Name and Address of New Registered   | Agent                          |                    |
|   |  |  |  | 81   | Name  | -  |                                |                    |
|   | ITON, JAMES                                |  | ļ  | 02   | Dave et 6 del                               | O O Day Number is Net Associable.  |                                |                    |
|   | PINELLAS BAYWAY #35                        |  |  | 82   | Street Addre                                | ess (P.O. Box Number is Not Acceptable)  |                                |                    |
| TIEF  | RRA VERDE FL 33715                         |  | 1  | 83   |   |  | रेक राष्ट्र रहेक् <sub>र</sub> | 1 8.1 8.2 11 15 21 |
|   |  |  |  |  |   |  | វ្នុំ មន្ត្រី ស្តីវត្ថុ        | 建树镇                |
|   |  |  |  | 84   | City  | El   | 85 Zip                         | Code ' '           |
| <u> </u>  |  | 1 007 4500 EL 11 DILLA   |  |  |   | FL   | <u> </u>                       | - registered       |
| office or   | registered agent, or both, in the State of | of Florida, Such change was au   | thorized   | hy th  | named corpo<br>e corporatio                 | oration submits this statement for the purpose of<br>on's board of directors. I hereby accept the appoin | manging it:<br>itment as re    | egistered          |
| agent. I a  | am familier with, and accept the obligati  | ions of, Section 607.0505, Flori   | ida Statu  | ites.  | ••  |  |                                |                    |
| SIGNATURE   | ***  | •  |  |  |   | ·  |                                |                    |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register |  |  |  | Agent s  | ignature required                           | d when reinstating) DATE   | D DIDECT                       | 200 11 42          |
| 12.   | <del></del>                                | DELETE   | 13.  |  | <del></del>                                 | ADDITIONS/CHANGES TO OFFICERS AN   | Change                         | Addition           |
| TITLE   | D  |  | 1.1 TIT  |  |   | the office of the second   | □ Change                       | Addition           |
| NAME  | SUTTON, JAMES                              |  | 1.2 NA   |  |   |  |                                |                    |
| STREET ADORESS  |  |  | 1.3 STI  | REETA  | DDRESS                                      | •  |                                | 1                  |
| CITY-ST-ZIP   | TIERRA VERDE FL 33715                      |  | 1.4 CIT  | Y-ST-Z   | žiP   |  |                                |                    |
| TITLE   | 1  | ☐ DELETE   | 2.1 TIT  | LE   |   |  | ☐ Change                       | Addition           |
| NAME  |  |  | 2.2 NA   | ME   |   |  |                                |                    |
| STREET ADDRESS  |  |  | 2.3 STF  | REETA  | DDRESS                                      | سيوف وسور دراي دادراند الرازاء الا المعود الأداد الا   |                                |                    |
| CITY-ST-ZIP   |  |  | 2. 4 CI  | TY-ST-   | ZIP   | · · · · · · · · · · · · · · · · · · ·  |                                |                    |
| TITLE   |  | ☐ DELETE   | 3.1 171  | LE   |   |  | Change                         | ☐ Addition         |
| NAME  |  |  | 3.2 NA   | ME   |   |  |                                | 1                  |
| STREET ADDRESS  |  |  | 3.3 STF  | REETAI   | DDRESS                                      | e e e e e e e e e e e e e e e e e e e  | 9 4                            |                    |
| CITY-ST-ZIP   | <b>"我这种意义</b> "。                           |  | 3,4, C/1   |  |   |  |                                | 17:27:38:1         |
| TITLE   |  |  | 4.1 111  |  | -   |  | ☐ Change                       | Addition           |
| NAME  | •  | ☐ DELETE   |  |  | i   |  | •                              |                    |
| 1   | 1  | . LI DELETE  |  | ME   | 1   |  |                                |                    |
| STREET ADDRESS  |  | LI DELETE  | 4. 2 NA  |  | nopeee                                      |  |                                | ļ                  |
|   |  | e de la companya de l | 4. 2 NA<br>4.3 STF   | REET AL  | DORESS                                      |  | j                              |                    |
| CITY-ST-ZIP   |  |  | 4. 2 NA<br>4.3 STF<br>4.4 CIT  | REET AL<br>Y-ST-Z  |   |  | Change                         | □ Addition *       |
| TITLE   |  | e de la companya de l | 4. 2 NA<br>4.3 STF<br>4.4 CIT<br>5.1 TITI  | REET AL<br>Y-ST-Z<br>LE                                  |   |  | Change                         | Addition *         |
| TITLE<br>NAME   |  |  | 4.2 NA<br>4.3 STF<br>4.4 CIT<br>5.1 TITI<br>5.2 NA   | REET AL<br>Y-ST-Z<br>LE<br>ME                            | OP .  |  | ☐ Change                       | Addition 1         |
| TITLE   |  |  | 4. 2 NA<br>4.3 STF<br>4.4 CIT<br>5.1 TITI<br>5.2 NA<br>5.3 STF                                   | REET AL<br>Y-ST-Z<br>LE<br>ME<br>REET AL                 | DDRESS                                      |  | ☐ Change                       | Addition *.        |
| TITLE<br>NAME   |  | DELETE   | 4. 2 NA<br>4.3 STF<br>4.4 CIT<br>5.1 TITI<br>5.2 NA<br>5.3 STF<br>5.4 CIT                        | REET AL<br>Y-ST-Z<br>LE<br>ME<br>REET AL<br>Y-ST-Z       | DDRESS                                      |  |                                |                    |
| TITLE NAME STREET ADDRESS   |  |  | 4. 2 NA<br>4.3 STF<br>4.4 CIT<br>5.1 TITI<br>5.2 NA<br>5.3 STF<br>5.4 CIT<br>6.1 TITI            | REET AL<br>Y-ST-Z<br>LE<br>ME<br>REET AL<br>Y-ST-Z<br>LE | DDRESS                                      |  | ☐ Change                       | Addition f.        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | DELETE   | 4. 2 NA<br>4.3 STF<br>4.4 CIT<br>5.1 TITI<br>5.2 NA<br>5.3 STF<br>5.4 CIT                        | REET AL<br>Y-ST-Z<br>LE<br>ME<br>REET AL<br>Y-ST-Z<br>LE | DDRESS                                      |  |                                |                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   |  | DELETE   | 4.2 NA<br>4.3 STF<br>4.4 CIT<br>5.1 TITI<br>5.2 NAJ<br>5.3 STF<br>5.4 CIT<br>6.1 TITI<br>6.2 NAJ | REET ALE ME REET AL Y-ST-Z LE ME LE ME ME ME ME ME ME    | DDRESS                                      |  |                                |                    |

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 changed; or or an attachment with an address, with all other like empowered.

SIGNATURE: