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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L34577 SEE-THOMPSON BUILDERS, INC.

(1)

FILED Apr 29 1997 8:00am Secretary of State

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| Principal Place of Business Maiting Address 1564 PARKMEADOW DRIVE 1564 PARK MEADOW DRIVE SUITE 4 FORT MYERS FL 33807 FORT MYERS FL 33907-4614 US US | | E TORANDAL DOR ANTAL BARBA BANA ANDRA BARA BARA BARA BARA BARA BARA BARA HORA | | | | | |
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| | | | • | | | | |
| | | SUITE 4 FORT MYERS FL 33907-4614 | | | | | |
| | | | | 3. Date incorporated or Qualified 3a. Date of Last Report | | | |
| | | | | | 12/04/1989 | 05/01/1996 | |
| 2. Principal F | Place of Business | 2a. Mailing Address 26 | | | 4. FEI Number 65-0159200 | Applied For Not Applicable | |
| Suite, Apt. | . #, etc. | Suite, Apt #, etc. | | eur comes en an arra desentaciones | | SR 75 Additional | |
| 22 | | 27 | | | 5. Certificate of Status Desired | Fee Required | |
| City & State | | City & State 28 | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | |
| Zip | Country | Zip | Country | • | 8. This corporation has liability for in | ntangible tax under s. 199.032, | |
| 14 | 25 | 29 | 30 | | | Yes No | |
| · · | 9. Name and Address of Curren | t Registered Agent | | r | 10. Name and Address of New Reg | stered Agent | |
| | , STEVEN C | | 81 | Name | | | |
| 13290 GREYWOOD CIRCLE | | | 82 Street A | | dress (P.O. Box Number is Not Acceptable | e) | |
| #B-€ | 501 IT Myers FL 33912 | | 83 | | | | |
| 1 011 | II MILIO IL GGGIL | | 84 | City | | 85 Zip Code | |
| | | | | | | <u> </u> | |
| office or agent. I a | registered agent, or both, in the State am familiar with, and accept the obliga | of Florida, Such change was a ations of Section 607.0505, Flo | authorized by orida Statute: | the corpora s. | poration submits this statement for the particular points board of directors. I hereby accep | t the appointment as registered | |
| SIGNATURE | Signature, typod or printed name of registered age | rd and title if applicable (NO) | Er Registered Age | nit signature requ | uired when reinstating) | DATE | |
| 12. | OFFICERS AND | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFIC | | |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | | Change Additio | |
| NAME | SEE, CRAIG | | 1.2 NAME | | | | |
| STREET ADDRESS | 13290 GREYWOOD CIRCLE | | | ADDRESS | | | |
| CITY-ST-ZIP | FORT MYERS FL DVS | DELETE | 1.4 CITY - S | II - ZIP | | Change Additio | |
| TITLE | DAVIS, PAULINE | C) pricit | 2.1 TILLE | | | C change C Additio | |
| NAME STREET ADORESS | 13290 GREYWOOD CIRCLE | | 2.2 NAME 2.3 STREET | AMMOLEC | | | |
| CITY-ST-ZIP | FORT MYERS FL | | 2.3 3 INCE 2.4 CITY - | | | | |
| TITLE | TOTT WILLIAM | DELETE | 3.1 7 17 .6 | 31-211 | | ☐ Change ☐ Additio | |
| NAME | | | 3.2 NAME | | | - — | |
| STREET ADDRESS | | | 3.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY- | ST-ZIP | | | |
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| NAME | 1 | | 4. 2 NAME | } | | | |
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| TITLE | | ☐ DELETÉ | 5.1 TITLE | | | Change L Additio | |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET | | | | |
| CITY-ST-ZIP | | DOLLTE | 5.4 CITY - 9 | 51 · Z(P | | Change Addition | |
| TITLE | 1 | ☐ DELETE | 6171116 | | | Change Additio | |
| NAME | 1 | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET | | | | |
| CITY, ST. 7IP | 1 | | 6.4 0 0 1 4 - 9 | 31-74P I | | | |

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 13.9 changed, or or an attachment with an address.