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

PROFIT CORPORATION ANNUAL REPORT 1998

Principal Place of Business

PUNTA GORDA FL 33950-5295

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

21

24

% JAMES E. MOORE, III 1625 W. MARION AVE., SUITE 2



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Ξ.

30

Country

**DOCUMENT #** 

26

28

29

OLDE TYME BUILDERS, INC.

Country

25

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

% JAMES E. MOORE. III 1625 W. MARION AVE., SUITE 2 PUNTA GORDA FL 33950-5295

(4)

## **FILED** Jan 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□ No

Yes

Not Applicable

3. Date Incorporated or Qualified

01/26/1990

65-0169054

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

MOORE, JAMES E., III 1625 W. MARION AVE SUITE 2 PUNTA GORDA FL  82 Street Address (P.O. Box Number is Not Acceptable)  83  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 changin 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TITLE  12. NAME  BOOUDREAU, ROBERT A.  STREET ADDRESS  20013 GOLD CUP  13. STREET ADDRESS  20013 GOLD CUP  14. CITY-ST-ZIP  PORT CHARLOTTE FL  14. CITY-ST-ZIP  NAME  BOUDREAU, ROBERT C.  22. NAME  SIREET ADDRESS  63. TROPICANA DR.  23. STREET ADDRESS  63. TROPICANA DR.  23. STREET ADDRESS  64. TROPICANA DR.  23. STREET ADDRESS  65. TROPICANA DR.  23. STREET ADDRESS  65. TROPICANA DR.  23. STREET ADDRESS  65. TROPICANA DR.  23. STREET ADDRESS  24. STREET ADDRESS  25. STREET ADDRESS  26. STREET ADDRESS  26. STREET ADDRESS  27. STREET ADDRESS  28. STREET ADDRESS  29. STREET ADDRESS  20. STREET ADDRESS  20. STREET ADDRESS	ip Code
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CITY-ST-ZIP 6.4 CITY-ST-ZIP	
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 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; 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 Block 12 or Block 13 if changed, or on an attachment with an address.	ha information

SIGNATURE:

1/5/98

637-8299

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