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FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90032 025 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L69479

1. Corporation Name

LABELLE BUILDERS, INC.

Principal Place of Business

273 MARION AVENUE
LABELLE FL 33935

Mailing Address

273 MARION AVENUE
LABELLE FL 33935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1990

4. FEI Number

65-0202107

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

-Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

KENNINGTON, HENRY
273 MARION AVENUE
LABELLE FL 33935

10. Name and Address of New Registered Agent

81 Name LUCKEY, ALBERT IRVAN

82 Street Address (P.O. Box Number is Not Acceptable)

797 AVALON AVE

83

84 City LABELLE

FL

85 Zip Code 33935

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.

SIGNATURE

Albert I. Luckey

ALBERT I. LUCKEY

4/13/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT
NAME LUCKEY ALBERT IRVAN
STREET ADDRESS 825 AVALON AVENUE
CITY-ST-ZIP LABELLE FL

☐ DELETE

TITLE VS
NAME KENNINGTON, HENRY E
STREET ADDRESS 273 MARION AVENUE
CITY-ST-ZIP LABELLE FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/REGISTERED AGENT ☒ Change ☐ Addition
1.2 NAME LUCKEY ALBERT IRVAN
1.3 STREET ADDRESS 797 AVALON AVE
1.4 CITY-ST-ZIP LABELLE FL 33935

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE VP
3.2 NAME JOSHUA I. LUCKEY
3.3 STREET ADDRESS 2698 FOUNTAINVIEW CIRCLE APT. #208
3.4 CITY-ST-ZIP NAPLES FL 34109

☐ Change ☒ Addition

4.1 TITLE VP/ST
4.2 NAME SUZANNE L LUCKEY
4.3 STREET ADDRESS 797 AVALON AVE
4.4 CITY-ST-ZIP LABELLE FL 33935

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE:

Suzanne L. Luckey SUZANNE L. LUCKEY

4/13/99

94675-2838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)