Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90060 035 ***150.00

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 # L87726

 Corporation 	n Name							
HUNTINGTON BUILDERS, INC.								
							II BHBU BIBU BIBU B	1 3 11 3 18 1 1 3 4 1
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Principal Place of Business Mailing Address							II 41811 DIGII VIUI: B	iau aini iani
15650 ENSTROM ROAD 15650 ENSTROM ROAD								
WELLINGTON FL 33414 WELLINGTON FL 33414								
US US						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 07/11/1990		
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number	Apı	plied For
21		26				65-0204679		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc				5. Certificate of Status Desired [\$8.75 A	
22	the second secon	27				<u></u>	Fee Re	
City & State	e	City & State				6. Election Campaign Financing	\$5.00	
23	·	28				Trust Fund Contribution	Added to	o Fees
Zip 24	Country 25	Zip 29	30	ountry		This corporation owes the current year Personal Property Tax.	⊠Yes	□No
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Registere	ed Agent	
				81 Na	me		_	
CHEFAN, STEPHEN F				82 Str	eet Addre	ss (P.O. Box Number is Not Acceptable)		
15650 ENSTROM ROAD							•	
WELLINGTON FL 33414				83				
	•			84 Cit		-	85 Zip C	Code
				\rightarrow	•		L	
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								registered
office or n	egistered agent, or both, in the State o m familiar with, and accept the obligat	of Florida. Such change v tions of, Section 607.050	vas autrioriz 5∖5lorida St	ed by/the d	corporation		_	Jistered
SIGNATURE	STEPHEN F. CHEPA			$\mathcal{O}(1)$	_	1-6	-987	ļ
SIGNATURE	Signature, typed or printed name of registered agent	nt and title if applicable.	(NO E: Register	red Agent signa	ture required	when reinstating} DATE	7	
12.	OFFICERS ANI		1:			ADDITIONS/CHANGES TO OFFICERS		
T∏LE	P	☐ DELE		TITLE	l S	LEBHEN E. CHEEVIN	☐ Change	Tord Addition
NAME	CHEFAN, STEPHEN, JR.		1.2	NAME	19	of to ensurance.	•	1
STREET ADDRESS	15650 ENSTROM RD		1.3	STREET ADDR	ESS	ELLIMITON FL 33411	1	Ī
CITY-ST-ZIP	WELLINGTON FL 33414			CITY-ST-ZIP		301	Change	☐ Addition
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NAME				STREET ADD	ess l	•		
STREET ADDRESS				CITY-ST-ZIP				
CITY-ST-ZIP		☐ DELE		TITLE			Change	Addition
TITLE				NAME	}			
NAME	İ		V.L		1			

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 injural 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 mustee 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP