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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M77116 (5)

DURABLE BUILDING COMPANY

Mailing Address

FILED
Jan 28 1998 8:00am
Secretary of State

|--|

AMERIFIRST BLDG STE 2660 ONE S.E. 3RD AVE MIAMI FL 33131	P O BOX 3006 DUBLIN OH 43016-0006 US		DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified	SPACE
2. Principal Place of Business	Neike Add		04/19/1988 4. FEI Number	
	2a. Mailing Address		31-1238829	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	·	-	\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	·	Country	8. This corporation owes or has paid the curr	
24 25 9, Name and Address of Current F	29 30		Personal Property Tax due June 30. 10. Name and Address of New Registered A	Yes No
	egistered Agent	81 Name	10. Name and Address of New Registered A	Agent
CORPORATION SERVICE COMPANY			·	
1201 HAYES STREET TALLAHASSEE FL 32301		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
		83		
		84 City	FI	85 Zip Code
Pursuant to the provisions of Sections 607,0502 a office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE. Regist	ered Agent signature requi	fred when reinstating) DATE	
12. OFFICERS AND I			ADDITIONS/CHANGES TO OFFICERS AND	
TITLE PTD	- '	1 TITLE		☐ Change ☐ Addition
NAME RAKESTRAW, W VINCENT STREET ADDRESS 1 SE 3RD AVE. STE 2660		2 NAME		
LHALIT FI		3 STREET ADDRESS		
0111-01-28		4 CITY-ST-ZIP		Change Addition
		1 TITLE		Change L Addition
004 11 001 1100 110		2 NAME		
BAATTI ANID TI		3 STREET ADDRESS		
CITY-ST-ZIP MAJILAND FL		4 CITY - ST - ZIP		Change Addition
NAME CAMPBELL, BETTY A.	—	2 NAME		C. Orlango C. J. Marklati
STREET ADDRESS 3749 WATT RD.	.	S STREET ADDRESS		
CALIANNIA OLI				
CITY-ST-ZIP GAMANNA OF		4. CITY - ST - ZIP 1 TITLE		Change Addition
NAME				
1	14	2 NAME		
CTREET ANDRESS 1		2 NAME		
STREET ADDRESS	4.	3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP TITLE	4.3			Change Addition

14. I nereby 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.

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

Addition