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Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25504** (4)

1. Corporation Name

**PYRAMID BUILDING FUND, INC.**

Principal Place of Business

C/O KENNETH STUBBS  
BOX 906  
LONG KEY FL 33001

Mailing Address

C/O KENNETH STUBBS  
BOX 906  
LONG KEY FL 33001

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**03/21/1988**

4. FEI Number

**65-0014216**

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No



STUBBS, KENNETH W.  
65821 OVERSEAS HIGHWAY  
P. O. BOX 906 MM 66  
LONG KEY FL 33001

10. Name and Address of New Registered Agent

81 Name **William Wilkinson**

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

**4680 OVERSEAS HWY**

83

84 City **MARATHON**

**FL**

85 Zip Code **33050**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **William Wilkinson**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **LEAVITT, SAMUEL S**  
STREET ADDRESS **755 W OCEAN DRIVE**  
CITY-ST-ZIP **KEY COLONY BEACH FL**

TITLE **D** ☒ DELETE  
NAME **HALL, JULIAN H**  
STREET ADDRESS **RT 5 BOX 84**  
CITY-ST-ZIP **BIG PINE KEY FL**

TITLE **TS** ☐ DELETE  
NAME **STUBBS, KENNETH W.**  
STREET ADDRESS **65821 OVERSEAS HWY**  
CITY-ST-ZIP **LONG KEY FL**

TITLE **D** ☐ DELETE  
NAME **VOIGHT, PAUL**  
STREET ADDRESS **481 10TH STREET**  
CITY-ST-ZIP **KEY COLONY BEACH FL**

TITLE **D** ☐ DELETE  
NAME **WILKINSON, WILLIAM S.**  
STREET ADDRESS **4680 OVERSEAS HWY**  
CITY-ST-ZIP **MARATHON FL**

TITLE **D** ☐ DELETE  
NAME **STONE, LOU D.**  
STREET ADDRESS **548 29TH ST OCAEN**  
CITY-ST-ZIP **MARATHON FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **William Wilkinson**

Signature, typed or printed name of signing officer or director

**1/22/98**

**325-743-2300**

CR2E037 (10/97)