

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 # P22492**

1. Corporation Name  
**FORISTER BUILDERS, INC.**

Principal Place of Business  
**2501 LOOP 360 SOUTH  
AUSTIN TX 78746**

Mailing Address  
**2501 LOOP 360 SOUTH  
AUSTIN TX 78746**

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90074 042 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/09/1989**

4. FEI Number  
**74-1777169**

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

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

10. Name and Address of New Registered Agent

**FORISTER, WAYNE  
13714 BROMLEY POINT DRIVE  
JACKSONVILLE FL 32225**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**1318 Ponte Vedra Blvd.**

83

84 City **Ponte Vedra Beach** **FL** 85 Zip Code **32082**

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

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 ☐ DELETE

NAME **PTD  
FORISTER, TRIGG**  
STREET ADDRESS **2501 LOOP 360 SOUTH**  
CITY-ST-ZIP **AUSTIN TX**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **VD  
FORISTER, WAYNE**  
STREET ADDRESS **13714 BROMLEY POINT DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE ☒ Change ☐ Addition of address

2.2 NAME  
2.3 STREET ADDRESS **1318 Ponte Vedra Beach**  
2.4 CITY-ST-ZIP **Ponte Vedra Beach FL 32082**

TITLE ☐ DELETE

NAME **S  
SCHUMANN, EDIE S.**  
STREET ADDRESS **193 BARTON RANCH CIRCLE**  
CITY-ST-ZIP **ORIPPING SPRGS TX**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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 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:

**FORISTER, TRIGG**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99

(512) 327-2502

Date

Daytime Phone #

CR2E034 (11/98)