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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 21 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P28100

(6)

DAKOTA HOME BUILDERS, INC.

Principal Place of Business Mailing Address 1466 CURLEW AVE. 1468 CURLEW AVE. NAPLES FL 34102 NAPLES FL 34102 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/08/1990 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0169948 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country Zψ 8. This corporation owes or has paid the current year intangible 24 Personal Property Tax due June 30. ☐ Yes 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name LEPREE. ALBERT & WENDY 27258 PINECREST LANE 82 Street Address (P.O. Box Number is **BONITA SPRINGS FL 33923** 83 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 Frontia Such shange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am an initial with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE PD TITLE LEPREE, ALBERT F., JR. NAME 1.2 NAME 1466 CURLEW AVE. 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 1.4 City-St-7IP CHTY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 City-St-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition ☐ DELETE TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-\$T-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 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 chapted or on an attachment with an address.