


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

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90090 022 ***150.00

0538165

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P92000005902

1. Corporation Name

J. F. SANDERS BUILDERS, INC.

Principal Place of Business

202 ADAMS DR
CRESTVIEW FL 32536
US

Mailing Address

202 ADAMS DR
CRESTVIEW FL 32536
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1992

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3154828

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

9. Name and Address of Current Registered Agent

SANDERS, JAMES F
595 N FERDON BLVD
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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																																																																																																												
<table><tr><td>TITLE</td><td>P</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>SANDERS, JAMES F</td><td></td></tr><tr><td>STREET ADDRESS</td><td>595 N FERDON BLVD</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>CRESTVIEW FL</td><td></td></tr><tr><td>TITLE</td><td>ST</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>SANDERS, LINDA F</td><td></td></tr><tr><td>STREET ADDRESS</td><td>202 ADAMS DR</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>CRESTVIEW FL</td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE	P	<input type="checkbox"/> DELETE	NAME	SANDERS, JAMES F		STREET ADDRESS	595 N FERDON BLVD		CITY-ST-ZIP	CRESTVIEW FL		TITLE	ST	<input type="checkbox"/> DELETE	NAME	SANDERS, LINDA F		STREET ADDRESS	202 ADAMS DR		CITY-ST-ZIP	CRESTVIEW FL		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>1.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>1.2 NAME</td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td></td></tr><tr><td>1.4 CITY-ST-ZIP</td><td></td></tr><tr><td>2.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>2.2 NAME</td><td></td></tr><tr><td>2.3 STREET ADDRESS</td><td></td></tr><tr><td>2.4 CITY-ST-ZIP</td><td></td></tr><tr><td>3.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>3.2 NAME</td><td></td></tr><tr><td>3.3 STREET ADDRESS</td><td></td></tr><tr><td>3.4 CITY-ST-ZIP</td><td></td></tr><tr><td>4.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>4.2 NAME</td><td></td></tr><tr><td>4.3 STREET ADDRESS</td><td></td></tr><tr><td>4.4 CITY-ST-ZIP</td><td></td></tr><tr><td>5.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>5.2 NAME</td><td></td></tr><tr><td>5.3 STREET ADDRESS</td><td></td></tr><tr><td>5.4 CITY-ST-ZIP</td><td></td></tr><tr><td>6.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>6.2 NAME</td><td></td></tr><tr><td>6.3 STREET ADDRESS</td><td></td></tr><tr><td>6.4 CITY-ST-ZIP</td><td></td></tr></table>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> DELETE																																																																																																											
NAME	SANDERS, JAMES F																																																																																																												
STREET ADDRESS	595 N FERDON BLVD																																																																																																												
CITY-ST-ZIP	CRESTVIEW FL																																																																																																												
TITLE	ST	<input type="checkbox"/> DELETE																																																																																																											
NAME	SANDERS, LINDA F																																																																																																												
STREET ADDRESS	202 ADAMS DR																																																																																																												
CITY-ST-ZIP	CRESTVIEW FL																																																																																																												
TITLE		<input type="checkbox"/> DELETE																																																																																																											
NAME																																																																																																													
STREET ADDRESS																																																																																																													
CITY-ST-ZIP																																																																																																													
TITLE		<input type="checkbox"/> DELETE																																																																																																											
NAME																																																																																																													
STREET ADDRESS																																																																																																													
CITY-ST-ZIP																																																																																																													
TITLE		<input type="checkbox"/> DELETE																																																																																																											
NAME																																																																																																													
STREET ADDRESS																																																																																																													
CITY-ST-ZIP																																																																																																													
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
1.2 NAME																																																																																																													
1.3 STREET ADDRESS																																																																																																													
1.4 CITY-ST-ZIP																																																																																																													
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
2.2 NAME																																																																																																													
2.3 STREET ADDRESS																																																																																																													
2.4 CITY-ST-ZIP																																																																																																													
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
3.2 NAME																																																																																																													
3.3 STREET ADDRESS																																																																																																													
3.4 CITY-ST-ZIP																																																																																																													
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
4.2 NAME																																																																																																													
4.3 STREET ADDRESS																																																																																																													
4.4 CITY-ST-ZIP																																																																																																													
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
5.2 NAME																																																																																																													
5.3 STREET ADDRESS																																																																																																													
5.4 CITY-ST-ZIP																																																																																																													
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

James F. Sanders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-99

Date

(850) 682-4000

Daytime Phone #

CR2E034 (1/98)