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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000012111

1. Corporation Name

TRUE CRAFT CONSTRUCTION, INC.



Principal Place of Business

747 JENKS AVE
STE H
PANAMA CITY FL 32402
US

Mailing Address

747 JENKS AVE
STE H
PANAMA CITY FL 32402
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 734 JENKS AVE

Suite, Apt. #, etc.

22

City & State

23 PANAMA CITY, FL

Zip

24 32401

Country

25 BAY

2a. Mailing Address

26 734 JENKS AVE

Suite, Apt. #, etc.

27

City & State

28 PANAMA CITY, FL

Zip

29 32401

Country

30 BAY

3. Date Incorporated or Qualified

12/15/1992

4. FEI Number

59-3150960

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

☐

No

9. Name and Address of Current Registered Agent

ANDERSON, LAVOY
747 JENKS AVE
SUITE B
PANAMA CITY FL 32402

10. Name and Address of New Registered Agent

81 Name

ANDERSON, LAVOY

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

734 JENKS AVE

83

84 City

PANAMA CITY, FL

85 Zip Code

32401

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

TITLE D ☐ DELETE

NAME ANDERSON, LAVOY

STREET ADDRESS 2516 E 37TH PLAZA

CITY-ST-ZIP PANAMA CITY FL 32405

TITLE D ☐ DELETE

NAME CHILDREE, JAMES

STREET ADDRESS 335 W BALDWIN

CITY-ST-ZIP PANAMA CITY 32 32405

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME ANDERSON, LAVOY

1.3 STREET ADDRESS 734 JENKS AVE

1.4 CITY-ST-ZIP PANAMA CITY, FL 32401

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME CHILDREE, JAMES

2.3 STREET ADDRESS 1603 VERMONT

2.4 CITY-ST-ZIP LYNN HAVEN, FL 32444

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 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 A. CHILDREE

Date

2/9/99

Daytime Phone #

850-747-1618

CR2E034 (11/98)