Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90065 050 ***150.00

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 # P93000022706

1. Corporation Name

PERFOR	MANCE BUILDERS, INC.						
Principal Place of Business Mailing Address P O BOX 571 KEY LARGO FL 33037 US Mailing Address P O BOX 571 KEY LARGO FL 33037 US					DO NOT WRITE IN		
					3. Date Incorporated or Qualifed 03/24/1993		
0. 54. 4. 4.	(D.)	2a. Mailing Address			4. FEI Number	· I And	olied For
		26. Walling Address	annig Address		65-0398311		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	dditional	
City & State			City & State		6. Election Campaign Financing		May Be
23		28		Trust Fund Contribution	Added to		
Zip	Country	Zip	Country		8. This corporation owes the current y	ear Intangible	
24	25		30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent	81		10. Name and Address of New Regis	tered Agent	
182 -	INSKI, WAYNE N: AVE A 23 N · Bla LARGO FL 33037	ckmaterLane	82	23	Iress (P.O. Box Number is Not Acceptable)	Lane	
<i>•</i>			84 City			FL 85 Zip C	6.45
office or r	registered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autations of, Section 607.0505, Florida.	thorized by da Statutes	the corporati	poration submits this statement for the purpion's board of directors. I hereby accept the	apponument as reg	istered :-
12.	Signature, typed or printed name of registered agent and title if applicable (NOTE: OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	D RUPINSKI, WAYNE 132 N. AVEA 23 N. Black mater Lane		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS			Change	☐ Addition
NAME							
STREET ADDRESS							1
CITY-ST-ZIP	KEY LARGO FL 33037		1.4 CITY-ST-ZIP				
TITLE	☐ DELETE		2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME			•	
STREET ADDRESS	3		2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-S	T-ZIP			
TITLE	☐ DELETE		3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS	İ		3.3 STREET	F ADDRESS			j
CITY-ST-ZIP			3.4. CITY-ST-ZIP			□ Ch-+++	/ Addition
TITLE	DELETE		4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				1
STREET ADDRESS			4.3 STREET				{
CITY-ST-ZIP			4.4 CITY-ST-ZIP			C Chart	Chddillas
TITLE	DELETE		5.1 TITLE			Change	Addition
NAME			5.2 NAME)
STREET ADDRESS				TADDRESS			İ
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		Char-	□ Addition
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME	1		6.2 NAME				

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 or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP