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

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

Feb 26 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION ANNUAL REPORT Sandra B. Mortham Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name P93000041778 (0) GULF-ATLANTIC BUILDERS AND DESIGNERS, INC. Principal Place of Business Mailing Address P. O. BOX 607755 P. O. BOX 607755 ORLANDO FL 32060 ORLANDO FL 32860 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/07/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3188390 Not Applicable 21 \$8.75 Additional Suite, Apt #, etc. Suite, Apl. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country Zφ 8. This corporation owes or has paid the current year Intangible ☐ Yes 25 29 30 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MARTIN, BILL 2258 APOPKA BLVD. 82 Street Ad APOPKA FL 32703 **B3** 84 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 agont, 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Z Audition DELETE 1.1 TITLE MARTIN, BILL WADE MAHOOD 1.2 NAME 2258 Apoper BLVD Apoper Ft. 32703 2258 APOPKA BLVD. 1.3 STREET ADDRESS STREET ADDRESS APOPKA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-ZIP Change Addition DELETE 5 1 TITLE TITLE 52 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition 61 TITLE 6.2 NAME

> 6.3 STREET ADDRESS 6.4 City-St-ZiP

> > 1/27/98

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14. Thereby 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 eath; 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.

FILED