

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murphree
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

05 MAY 31 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000067706

1. Corporation Name

JADE EAST TOWERS II, INC.

600001501756

Principal Place of Business

Mailing Address

1018 HIGHWAY 98 EAST
DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/21/93

4. FFI Number

59-3209201

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite Apt # etc

Suite Apt # etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LES W. BERKE
221 MCKENZIE AVENUE
PANAMA CITY, FL 32401

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 of Registered Agent or Registered Agent and the Corporation

Signature of Agent (Signature Required when new listing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DIR.
NAME	JOHN T. CHAIN
STREET ADDRESS	2101 INDIAN CREEK DRIVE
CITY, ST, ZIP	FORT WORTH, TX 76107
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report, supplemental annual report or biennial 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 a receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if applicable, or in Block 14 in agreement with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN T. CHAIN JR

26 May 95

817
533.5/00

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CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Monahan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000068491 (8)

1. Corporation Name

SUN SOUTH BUILDING SUPPLIES, INC.

REMITTED BY MAY 1
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
380 SEMORAN COMMERCE PLACE SUITE 306 APOPKA FL 32703	380 SEMORAN COMMERCE PLACE SUITE 306 APOPKA FL 32703

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23	28
24	29
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
09/27/1993	05/01/1994
4. FEI Number	Applied For
59-3200480	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 has liability for intangible tax under S. 199 (32) Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BOGEAJIS, DANHITT E 380 SEMORAN COMMERCE PLACE SUITE 306 APOPKA FL 32703		81 Name: <u>Desouza, Adrienne A</u> 82 Street Address (P.O. Box): <u>380 Semoran Place</u> 83 <u>Suite 306</u> 84 City: <u>Apopka, FL 32703</u> <u>Apopka</u> FL <u>32703</u> 85 Zip Code: <u>32703</u>	

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: Adrienne A. Desouza ADDRESS: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<u>ADRIENNE A. DESOUSA</u> ☐ Change ☐ Addition
NAME	DESOUZA, ADRIENNE A	12 NAME	<u>301 WICKHAM COURT</u>
STREET ADDRESS	301 WICKHAM CT.	13 STREET ADDRESS	<u>Longwood, FL 32779-4543</u>
CITY, ST, ZIP	LONGWOOD FL	14 CITY, ST, ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	FLEISCHER, NANCY	22 NAME	
STREET ADDRESS	147 ESSEX DRIVE	23 STREET ADDRESS	
CITY, ST, ZIP	LONGWOOD FL 32750	24 CITY, ST, ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.01(1)(b), Florida Statutes. Further, I certify that the information submitted 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 member or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the list of officers or directors of the corporation.

SIGNATURE: Adrienne A. Desouza ADRIENNE A. DESOUSA 527-9584-8653