

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90222 041 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000000106
 1. Corporation Name
PALMWOOD BUILDERS II, INC.

Principal Place of Business
 8245 RIVER COUNTRY DRIVE
 SPRING HILL FL 34607

Mailing Address
 8245 RIVER COUNTRY DRIVE
 SPRING HILL FL 34607



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	12/20/1993	59-3215271	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
22	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State	City & State	Trust Fund Contribution		
23	28	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country			
24	25			
	29			
	30			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GLOVER, STUART R 8245 RIVER COUNTRY DRIVE SPRING HILL FL 34607	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOVER, RALPH S	1.2 NAME	<i>Why is this here? Paid you on 11/24/98 to delete!</i>
STREET ADDRESS	8245 RIVER COUNTRY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34607	1.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		
TITLE	DPS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOVER, STUART	2.2 NAME	
STREET ADDRESS	8245 RIVER COUNTRY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34607	2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		
TITLE	DVPS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LLOYD J	3.2 NAME	
STREET ADDRESS	8245 RIVER COUNTRY DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34607	3.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		

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

SIGNATURE: *[Signature]* DATE: 4/15/99 DAYTIME PHONE #: (352) 597-2100

CR2E034 (1/199)