

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90111 037 ***150.00

0115131

DOCUMENT # P94000045623

1. Corporation Name

BANYAN CUSTOM HOMES, INC.

Principal Place of Business

200 HACIENDA DR
MERRITT ISLAND FL 32952
US

Mailing Address

200 HACIENDA DR
MERRITT ISLAND FL 32952
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1994

4. FEI Number

59-3250971

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 190 STEWART DRIVE
Suite, Apt. #, etc.

2a. Mailing Address

26 1861 LONG IRON DRIVE
Suite, Apt. #, etc.

City & State

23 MERRITT ISLAND FL

City & State

28 VIEBA FL

Zip

24 32952

Country

25 USA

Zip

29 32955

Country

30 USA

9. Name and Address of Current Registered Agent

PRZYBYLSKI, WILLIAM J II
200 HACIENDA DR
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name (SAME)

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

190 STEWART DRIVE

83

84 City MERRITT ISLAND FL

85 Zip Code

32952

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

4/26/99

12.

OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PRZYBYLSKI, WILLIAM J II
STREET ADDRESS 205 ALAMEDA DRIVE
CITY-ST-ZIP MERRITT ISLAND FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

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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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

1861 LONG IRON DRIVE #1128

VIEBA FL 32955

☐ Change ☐ Addition

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/26/99

407 223-3146

CR2E034 (11/98)