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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000047483 (0) DOCUMENT # 1. Corporation Name

COMMUNITY BUILDERS OF TAMPA BAY, INC.

FILED Jan 28 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		T TOURSTONE THE SPACE BOUND BOUND BOUND BRANCE AND SECOND	941 (401) E1841 IN100 IIII INDI
4012 GUNN HWY SUITE 130 4012 GUNN HWY SUITE 130 TAMPA FL 33624				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
9 Principal P	lace of Business	2a. Mailing Address		06/24/1994 4. FEI Number	Applied For
	Benjamin Rd		joinin Rd		Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	John 1 FG	59-3251206	\$8.75 Additional
22 Bu	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	27 Suite	\mathcal{W}	5. Certificate of Status Desired	Fee Required
City & State	6	City & State		6, Election Campaign Financing	\$5.00 May Be
23 Tax	moa, FL	28 TOUN Da.	FL33631	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	urrent year Intangible
24 33	034 25 USA		USA_	Personal Property Tax due June 30.	Yes No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
MOODY, DANIEL L.				ame	
MOODY & SHEA, P.A. 1519 DAK MABRY SUITE 104			82 Street Addr	freet Address (P.O. Box Number is Not Acceptable)	
			83		
ן נטי	TZ FL 33549		65		
			84 City	F	85 Zip Code
11. Pursuent 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					
12.	Signature, typed or printed name of registered at	post and title if applicable (NOTE: ND DIRECTORS	Registered Agent signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 10
TITLE	P	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	Danner, eileen m		1.2 NAME		
STREET ADDRESS	18906 ROGERS RD.		1.3 STREET ADDRESS		9
CITY-ST-ZIP	ODESSA FL 33558		1.4 CITY-ST-ZIP		إ
TITLE		☐ DELET E	2 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		-
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETÉ	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	- IF.		4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>	Troute	5.4 CITY-ST-ZIP		
TITLE		☐ DELET E	61 TITLE		Change Addition
NAME			6.2 NAME		İ
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	artify that the information expedied a	with this filling does not qualify for	6.4 CITY-ST-ZIP	Section 119 07/3)(i) Florida Statutae I further o	partiful that the information

removely certify that the information supplied with this little information indicated on this annual report or supplied with this integrated 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 at twelve empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if charged, or on all attribution with an address.

1-20-98