Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90131 018 \*\*\*150.00

## 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

## DOCUMENT # DOMOGOESTOO

•	E BUILDING, INC.	055720			
Principal Place	of Business	Mailing Address		# INECION III HOIN SINI NOIM COIN OF	BIRT DITER TELES TORIN TINES AND SOME
155 SE HWY 19 155 S.E. HIGHWAY 19 CRYSTAL RIVER FL 34429 CRYSTAL RIVER FL 34429				DO NOT WRITE IN TI	HIS:SPACE
US		•		3. Date Incorporated or Qualifed	
				07/20/1994	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3271023	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22				or contribute of citation believed.	Fee Required
City & State	<del>)</del>	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	<u> </u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible □ Yes □ No
24	25)		30	Personal Property Tax.  10. Name and Address of New Register	
	9. Name and Address of Currer	nt Registered Agenit	81 Name	10. Hallie Bitt Address of Hew (Cognition	ou rigotic
DAVIS	S, MARK P				
155 S.E. HIGHWAY 19			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
1	STAL RIVER FL 34429		83		
			<u> </u>		
			84 City	F	Zip Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607.1508. Florida Statute	s, the above-named corp		
office or re	egistered agent, or both, in the State	of Florida, Such change was au	thorized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	ppointment as registered
1	m jamiliar with and accept the obliga	1005 01 Section 02.0005, 1 lon	MAPL P	TAUIS 3/	2/1999
SIGNATURE	Signature, typed or printed flettie of registered age	ent and wife if applicable. (NOTE:	Registered Agent signature require		7.5.5
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		
NAME	DAVIS, JOHN C		(.) *****		☐ Change ☐ Addition
STREET ADDRESS			1.2 NAME		☐ Change ☐ Addition
	% 155 S.E. HIGHWAY 19				☐ Change ☐ Addition
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	_	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	CRYSTAL RIVER FL 34429 VST	☐ DELETE	1.2 NAME 1.3 STREET ADORESS		☐ Change ☐ Addition ☐ Change ☐ Addition
	CRYSTAL RIVER FL 34429	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE	VST DAVIS, NANCY S % 155 S.E. HIGHWAY 19	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		
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TITLE NAME STREET ADDRESS	VST DAVIS, NANCY S % 155 S.E. HIGHWAY 19	☐ DELETE	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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST DAVIS, NANCY S % 155 S.E. HIGHWAY 19		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		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST DAVIS, NANCY S % 155 S.E. HIGHWAY 19	□ DELETE	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		Change Addition  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.

6.4 CITY- ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CHING OFFICER OR DIRECTOR