## 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 # **P94000061577**1. Corporation Name

DURA BUILDERS, INC.

## FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90043 033 \*\*\*150.00



Principal Place	of Business	Mailing Address			L INN HAND I HAN AND A SHALL BOTH AND HE AND AND HE AND AND HE AN	914	11 (841) 1001 (831
4399 51ST AVE S ST PETERSBURG FL 33711 ST PETERSBURG FL 33711					DO NOT WRITE IN T	HIS SPACE	_
					3. Date Incorporated or Qualifed		
					08/22/1994		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
29 6904 S. Shore Dr. S. 26 6904 S. Shore			c Dr.5.		59-3262262		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					_	\$8.75	Additional
22		- 27			5. Certificate of Status Desired	Fee F	Required
City & State  City & State  City & State  City & State  23 St. Peters Durg  Plorida 28 St. Peters Durg			: P		6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees
Zip	Country	Zip 77.7	Cour	ity SA	8. This corporation owes the current year		
24 337c		29 55/0 / 30	0 ,	maria		Yes	□No
	9. Name and Address of Current	Registered Agent		<u> </u>	10. Name and Address of New Register	ea Agent	
DAG	ON DAVID A		l	81 Name			
BACON, DAVID A 2959 FIRST AVE N				82 Street A	Address (P.O. Box Number is Not Acceptable)		
SIF	ETERSBURG FL 33713			83			1
			ł	84 City		85 Zip	o Code
						FL   "	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	if Florida. Such change was auth	norized	by the corpo	corporation submits this statement for the purpos- oration's board of directors. I hereby accept the ap-	pointment as i	registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered	Agent signature re	equired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	V	☐ DELETE	1.1 TIT	LE ]		(1) Change	e 🗌 Addition 🛭
NAME	ADAMS, CHRISTINA		1.2 NA	ME į	6904 S. Shore Dr.S.		
STREET ADDRESS	4399 51ST AVE S		1.3 ST	REET ADDRESS		37707	,
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CIT	Y-ST-ZIP	St. Petersburg Florida	<u>33707</u>	
TITLE		☐ DELETE	2.1 TIT	LE [		☐ Change	e ☐ Addition
NAME			2.2 NA	ME			
STREET ADDRESS			2.3 ST	REET ADDRESS	•		
CITY-ST-ZIP			2.4 CI	TY-ST-ZIP	The second secon		
TITLE		☐ DELETE	3.1 TIT	le		Change	e
NAME			3.2 NA	ME			
STREET ADDRESS		•	3.3 ST	REET ADDRESS			
CITY-ST-ZIP			3.4. Cf	TY-ST-ZIP			
TITLE		☐ DELETE	4.1 (1)	LE		☐ Change	e Maddition
NAME	·		4. 2 N	AME			ļ
STREET ADDRESS		•	4.3 ST	REET ADDRESS			
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP			
TITLE		☐ DELETE	5.1 TII	LE		☐ Change	e 🔲 Addition
NAME			5.2 NA	ME			
STREET ADDRESS			5.3 ST	REET ADDRESS	•		
CITY-ST-ZIP			5.4 CI	ry-st-zip		_	
TITLE		☐ DELETE	6,1 TII	le		Change Change	e Addition
NAME .			6.2 NA	ME			
STREET ADDRESS		v.	6.3 ST	REET ADDRESS			ļ
CITY-ST-ZIP			6.4 CI	ry-st-zip			

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: