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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400066857 (1)

JOE STUBBS BUILDERS, INC.

FILED Feb 18 1997 8:00am Secretary of State



Principal Place 43 SOUTHWING NICEVILLE FL 3	COURT	43 SOUTHWI	ailing Address SOUTHWIND COURT CEVILLE FL 32578-4807						
						3. Date Incorporated or Qualified 09/01/1994		te of Last 9/1996	· .
2. Principal Pl	ace of Business	2a. Mailing /	2a. Mailing Address			4. FEI Number			Applied For
21		26	26			59-3264882	59-3264882 Not Applicable		
Suite, Apt	#, e tc	Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required			
City & State 23		City & St 28	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Ζιρ	Country	Zip		Country	/	8. This corporation has liability for i	ntangible	tax under	s. 199.032,
24	25				Florida Statutes Yes No				
	9, Name and Address of	Current Registered Age	nt	81	Name	10. Name and Address of New Re	gistered /	\gent	
STUBBS, JOSEPH C					Name				
	OUTHWIND COURT VILLE FL 32578			82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
HIOL	TILLE I'L SESTO			83		The second secon			
				84	City			85 Zi	p Code
					Oity		FL	2.	
SIGNATURE	er familiar with and accopt the Signature, typed or printed name of my OFFICE		·			quired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTO	DRS IN 12
TITLE	P	Ţ	DELETE	1.1 TITLE				Change	
NAME	STUBBS, JOSEPH C.			1.2 NAME	Ì				
STREET ADDRESS	43 SOUTHWIND CT			1.3 STREE	ADDRESS				
CITY - ST - ZIP	NICEVILLE FL			1.4 CITY-5	ST-ZIP				
TITLE			DELETE	2.1 TITLE				☐ Change	Addition
NAME				2.2 NAME					
STREET ADDRESS				2.3 STREE	T ADDRESS				
CITY - S1 - ZIP			T DELETE	2 4 CITY-	ST-ZIP			T 1 01	[] Lucie
Tille		L] DELETE	3 1 TITLE				Change	e L Addition
NAME Proces Angeon				3.2 NAME	T ADDDCOC				i
STREET ADDRESS				3 3 51 REE 3 4. CITY-	F ADDRESS				
CHY+S1+Z# TOLE		Г	DELETE	4.1 TITLE	OI-EIF		·	Change	e Addition
NAME		_		4. 2 NAME					
STREET ADDRESS	1				T ADDRESS				
CITY-ST-ZIP				4.4 CITY -					
DILE			DELETE	5.1 TITLE				☐ Chang	e 🔲 Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREE	T ADDRESS				
CITY-ST-ZIP				5.4 CITY-	ST-ZIP				
TITLE			DELETE	6.1 TITLE				Chang	e 🔲 Addition
NAME				6 2 NAME					
STREET ADDRESS				6.3 STREE	T ADDRESS				
CITY - ST - 7IP				6.4 CITY-	ST-ZIP				

14. Loo 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.

SIGNATURE: