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PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jun 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000073813 (5)

LUDWIG BUILDERS & GENERAL CONTRACTORS, INC.

Principal Place of Business Mailing Address 10110 EAST BROADVIEW DR. P.O. BOX 0087 BAY HARBOR ISL. FL 33154 KENANSVILLE FL 34739-0087 3a. Date of Last Report 3. Date Incorporated or Qualified 12/16/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-0540241 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation has hability for intangible tax under s. 199.032, Yes 24 25 Florida Statutes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LUDWIG, ROBERT 10110 EAST BROADVIEW DR. 82 Street Address (P.O. Box Number is Not Acceptable) BAY HARBOR ISL. FL 33154 83 84 Zip Code 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ■ Addition 1.1 TITLE TITLE LUDWIG, ROBERT NAME 1.2 NAME 10110 EAST BROADVIEW DR. 1.3 STREET ADDRESS STREET ADDRESS BAY HARBOR ISL. FL 33154 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELFTE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 THUE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this fling does not qually for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual upport of pupplemental 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 conforation in the receiver or furstee employed 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 any attachment with any address.