Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90150 039 ***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 # P94000094276 1. Corporation Name

BEST BUILT, INC.				
Principal Place of Business	Mailing Address			
4345 THOMAS DR	4345 THOMAS DR			
F-33	F-33			
PANAMA CITY BEACH FL 32408 PANAMA CITY BEACH FL 324		08	DO NOT WRITE IN THIS SPACE	
	ż		3. Date Incorporated or Qualifed 12/29/1994	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3284911	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22	27		5. Oct.	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year Int	
24 25	29 30	<u>) </u>	Personal Property Tax.	☐ Yes ☐ No
9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered	Agent
MORRISETTE, CHARLES M	,	01 Name		
4345 THOMAS DR		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
F-33				
PANAMA CITY BEACH FL 32408		83]
PANAMA CITT BEACH PE 32400		- 84 City		85 Zip Code
			<u> </u>	<u> </u>
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation 	and 607.1508, Florida Statutes, f Florida. Such change was auth ons of, Section 607.0505, Florida	the above-named cor lorized by the corporat a Statutes.	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoi	changing its registered intment as registered
agent. I am familiar with, and accept the obligation	and 607.1508, Florida Statutes, f Florida. Such change was auth ons of, Section 607.0505, Florida	the above-named cor orized by the corporat a Statutes.	,	changing its registered intment as registered
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6.4 CITY-ST-ZIP CITY-ST-ZIP e exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information to and that my eignature shall have the same legal effect as if made under oath; that I am an oute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filing tides indicated on this annual report or supplemental annual report is officer or director of the corporation for the receiver or trustely en Block 12 or Block 13 if changed, or the an attachment with an art. not qualify or ike ep powered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

NAME

Daytime Phone #

☐ Change

Addition