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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P95000038174 (5)

GREYSTONE BUILDERS, INC.

Principal Place of Business Mailing Address 2298 RIVER REACH DR 2298 RIVER REACH DR NAPLES FL 34104 NAPLES FL 34104 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>05/15/1995</u> 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 2008 1957 W. Crown Pointe Blud P.O. Box Not Applicable 65-0581810 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Naples Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible USA 34106-2008 30 Yes Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HUMPHREVILLE, JOHN D ESQ. 4501 TAMIAMI TRAIL NORTH, SUITE 300 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33940-3060 83 84 City Zip Code 11. Pursuant to the provisions of Sections 6(7.0502 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 posted name of registered agent and the if applicable (NOTE\_flegistered Agent's gnature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change Addition DELETE 13 TIBLE TITLE 1.2 NAME NAME SCHROEDER, STEVEN M 1957 W. Crawn Pointe Blub. 1.3 STREET ADDRESS STREET ADDRESS 2298 RIVER REACH DRIVE CITY-ST-ZIP <u>Naples fl</u> 1.4 CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE **VPST** 2.2 NAME NAME **SCHROEDER, LISA A** 1957 W. Crown Pointe Blub. STREET ADDRESS 2298 RIVER REACH DR 2.3 STREET ADDRESS NAPLES FL 2. 4 CITY-S1-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHTY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITEF NAME 5.2 NAME 5.3 STREET ADDRESS

14. Thereby 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 supplience all 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. 7 8 0 B 941 /3/-1

6.4 CITY - ST- ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

Addition

Change

**FILED** 

May 11 1998 8:00am

Secretary of State