

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

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90206 007 \*\*\*150.00

**DOCUMENT # P96000033203**

1. Corporation Name

**BE YOUR OWN BUILDER (B.Y.O.B.), INC.**

Principal Place of Business

~~1772 SE PORT ST LUCIE BLVD  
PORT ST LUCIE FL 34952  
US~~

Mailing Address

~~1772 SC PT ST LUCIE BLVD  
PT ST LUCIE FL 34952  
US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/12/1996**

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **492 SW Seaflower Terrace**

27 **492 SW Seaflower Terrace**

**65-0669580**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Port St. Lucie FL**

28 **Port St. Lucie FL**

24 Zip **34984** 25 Country **US**

29 Zip **34984** 30 Country **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GILBERT, RICKEY  
1342 LACONIA STREET  
SEBASTIAN FL 32958**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. 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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **GILBERT, CURTIS O**  
STREET ADDRESS **8600 S.W. 57TH STREET**  
CITY-ST-ZIP **COOPER CITY FL 33328**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VPST** ☐ DELETE

NAME **GILBERT, RICKEY**  
STREET ADDRESS **1342 LACONIA STREET**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME ~~**BURGE, REGINALD**~~  
STREET ADDRESS ~~**754 JENSEN BEACH BLVD**~~  
CITY-ST-ZIP ~~**JENSEN BEACH FL**~~

3.1 TITLE **VP** ☐ Change ☒ Addition

3.2 NAME **Jeffrey Powers**  
3.3 STREET ADDRESS **925 SE Streamlet Ave**  
3.4 CITY-ST-ZIP **Port St. Lucie, FL 34983**

TITLE **VP** ☐ DELETE

NAME **DIBENEDETTO, STEVEN**  
STREET ADDRESS **2720 SC KERN RD**  
CITY-ST-ZIP **PT ST LUCIE FL 34984**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Rickey Gilbert** **Rickey Gilbert** **3/8/99** **(561) 878-6088**

Date

Daytime Phone #

CR2E034 (11/98)