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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000044090 (4)

1. Corporation Name
SABLEWOOD BUILDING GROUP, INC.

Principal Place of Business
8493 S.E. WOODCREST PL.
HOBESOUND FL 33455

Mailing Address
8493 S.E. WOODCREST PL.
HOBESOUND FL 33455-4111

3. Date Incorporated or Qualified: 05/17/1996
3a. Date of Last Report:

2. Principal Place of Business
21 8445 S.E. Woodcrest Pl
22 Suite, Apt. #, etc. —
23 City & State: Hobe Sound FL 33455
24 Zip: 33455
25 Country: Martin

2a. Mailing Address
26 P.O. Box 1333
27 Suite, Apt. #, etc. —
28 City & State: Hobe Sound FL
29 Zip: 33475
30 Country: Martin

4. FEI Number: 65-0678932 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
HANNON, JANICE A
8493 S.E. WOODCREST PL.
HOBESOUND FL 33455

10. Name and Address of New Registered Agent
81 Name: JOHN W. TELFRIN
82 Street Address (P.O. Box Number is Not Acceptable): 8445 S.E. WOODCREST PLACE
83
84 City: HOBE SOUND FL 85 Zip Code: 33455

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 X [signature] 1·28·97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	☒ DELETE
NAME	HANNON, JANICE A	
STREET ADDRESS	8493 S.E. WOODCREST PL.	
CITY-ST-ZIP	HOBESOUND FL 33455	
TITLE	VPS	☒ DELETE
NAME	TELFRIN, DEBR A	
STREET ADDRESS	8493 S.E. WOODCREST PL.	
CITY-ST-ZIP	HOBESOUND FL 33455	
TITLE	PRES./TREAS.	☐ DELETE
NAME	JOHN W. TELFRIN	
STREET ADDRESS	8445 S.E. WOODCREST PLACE	
CITY-ST-ZIP	HOBE SOUND, FL. 33455	
TITLE	V.PRES./SECY	☐ DELETE
NAME	DAVID T. BUCHNER	
STREET ADDRESS	74 UNO LOCO DRIVE	
CITY-ST-ZIP	JUNO BEACH, FL 33408	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☒ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☒ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: X [signature] 1·28·97

CR2E034 (9/96)