

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
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90163 043 ***150.00

DOCUMENT # P96000044090

1. Corporation Name

SABLEWOOD BUILDING GROUP, INC.

Principal Place of Business

189 TEQUESTA DR
SUITE 92E
TEQUESTA FL 33469
US

Mailing Address

160 TEQUESTA DR
SUITE 92E
TEQUESTA FL 33469
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

23 HOBE Sound, FL

24 Zip Country
25 US

2a. Mailing Address

26 P.O. Box 1333

Suite, Apt. #, etc.

City & State

28 HOBE Sound

29 Zip Country
30 33475 US

9. Name and Address of Current Registered Agent

TELFRIN, JOHN W
8445 SE WOODCREST PLACE
HOBE SOUND FL 33455

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1996

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 owes the current year Intangible
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

81 Name

TELFRIN, JOHN W

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

8478 S.E. WOODCREST PLACE

83

84 City

HOBE Sound

85 Zip Code

FL 33455

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

TITLE PT ☐ DELETE

NAME TELFRIN, JOHN W
STREET ADDRESS 8445 SE WOODCREST PLACE
CITY-ST-ZIP HOBE SOUND FL

TITLE VPS ☒ DELETE

NAME BUCHNER, DAVID J
STREET ADDRESS 74 UNO LOGO DRIVE
CITY-ST-ZIP JUNO BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 PT ☒ Change ☐ Addition

1.2 NAME TELFRIN, JOHN W
1.3 STREET ADDRESS 8445 SE WOODCREST PLACE
1.4 CITY-ST-ZIP HOBE SOUND, FL 33455

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 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

Date

Daytime Phone #

4-14-99 561-546-7176

CR2E034 (11/98)

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