FILE NOW:	FILING FEE AFTER	MAY 1	IS \$550.00
PROFIT		FLORIDA I	DEPARIMENT OF ST

CORPORATION ANNUAL REPORT

1997



ATF

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

6000075116 DOCUMENT # HELP-YOU BOILD OWNER/ Wilder Services AN 210 BRAD FEREN ROLTISS TAILANTS: 7632303

Principal Place of Business 210 Brodford Rd # 155.

SAMORAS ABOUE

Tallahassee F1	EOECE .

Tallahassee, Fl. 303	303	3. Date Incorporated or Qualified
2. Principal Place of Business	2a. Mailing Address	4. FEI Number
21 TALLANASS CE	26 SAME PS	
Suite Apt. #, etc.	Suite, Apt. #, etc. POOVE	5. Certificate of Status Desired
City & State 23 ALLAILASSE AL	City & State	6. Election Campaign Financing Trust Fund Contribution
21 52303 Country 25 LCv 2	Zip Country 30	8. This corporation has liability for Florida Statutes
9. Name and Address of Curre	ent Registered Agent	10. Name and Address of New R
	81 Nam	ne .

\$8.75 Additional tatus Desired Fee Required aign Financing \$5.00 May Be ntribution Added to Fees n has liability for intangible tax under s. 199.032, Yes No dress of New Registered Agent Street Address (P.O. Box

97 SEP 16 " 7: 36

SECRE BUT OF STATE TALLAHASSEE FLORIDA

3a. Date of Last Report

Applied For Not Applicable

STEVEN GANDERSON 20 BRADTNO RUT 155 TAMAHASSEE 7L 32303.

8	3					
8	4	City	L	85	Zip Code	
abo	νę	e-named corporation submits this statement for the purpose	of c	han	aina its reaiste	ū

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.

S	G	JΑ	TH	RF

	Signature Typed or printed name of registered agent and title if applicable (NOTE Re	igiste ed Agent signature re	quired when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PRESIVIPISCE TREA DOLLETE	11TITLE	☐ Change ☐ Addition &
NAME	STEDEN LANDERSON	1.2 NAME	
STREET ADDRESS	210 GRAPPINDENT TALL-7-182327	1.3 STREET ADDRESS	<u> </u>
CITY-ST-ZIP	74-12-7-132327	1.4 Crty - \$1 - ZIP	
TITLE	DELETE	2 1 TITLE	900002294549 _{日極} 縁 -09/16/9701059010
NAME		2 2 NAME	-03/16/3/01053010
STREET ADDRESS		2.3 STREET ADDRESS	****165.00 ****165.00
CITY-ST-ZIP		2. 4 CITY - ST - ZIP	
TITLE	DELETE	3.1 TITLE	Change Addition
NAME		3 2 NAME	
STREET ADORESS		3 3 STREET ADDRESS	·
CITY-ST-ZIP		3.4. CITY - S1 - ZIP	
TITLE	☐ DELETE	4.1 TITLE	Change Addition
NAME		4 2 NAMÉ	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5 1 TOLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CHY - ST - ZIP	
TITLE	☐ DELF1F	6 1 MILE	Change Addition
NAME		6.2 NAMI	
STREET ADDRESS		22 JANEE 1 JANEE 8:8	
CITY-ST-ZIP		6.4 CITY - 81 - 71P	

this filled does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutos. Hutther certify that the emphal annual coordinate and accurate and that my signature shall have the same legal effect as it made under oath, that ectiver or trudee emphasized to execute this report as required by Chapter 607, Florida Statutes; and that my have a statement water in address. 14. If do hereby certify that the information symbled information indicated on this annual priorities I am an officer or director of the certification or appears in Block 12 or Block 3 if phanged, the control of the cer

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well the the peny Fee.

Thanh years

Sept 15. 1997