

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

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <i>HELP-YOU-BUILD OWNER/BUILDER SERVICES INC</i>	
1. Corporation Name	

FILED
98 JAN 26 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 210 BRADFORD RD #155 TALLAHASSEE FL 32303	Mailing Address SAME
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 210 BRADFORD RD #155 Suite, Apt. #, etc.	2a. Mailing Address 28 Suite, Apt. #, etc.	4. FEI Number Applied For Not Applicable	
22 City & State 23 TALLAHASSEE FL	27 City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Zip 32303	25 Country LEON	29 Zip	30 Country
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent STEVEN G ANDERSON 210 BRADFORD RD #155 TALLAHASSEE FL 32303	10. Name and Address of New Registered Agent 81 Name SAME 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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]* (NOTE: Registered Agent Signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LINDA K. REEL 210 BRADFORD RD #155 TALLAHASSEE FL 32303 PVS ☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PVS STEVEN G ANDERSON 210 BRADFORD RD #155 TALLAHASSEE FL 32303 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: *[Signature]* **Linda K. Reel** 1/26/98 (850) 921-9630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)