


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

FILED

Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90147 037 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P96000081231		
1. Corporation Name DAVID BENOIT BUILDERS, INC.		



Principal Place of Business PO BOX 1145 FT WALTON BEACH FL 32549	Mailing Address PO BOX 1145 FT WALTON BEACH FL 32549
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DO NOT WRITE IN THIS SPACE

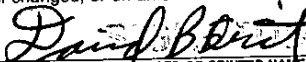
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/27/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3417173	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FOUNTAIN, KENNETH R ESQ. 128 N.E. EGLIN PARKWAY FORT WALTON BEACH FL 32548		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
2.1 TITLE		2.2 NAME	
2.2 NAME		2.3 STREET ADDRESS	
2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
2.4 CITY-ST-ZIP		3.1 TITLE	
3.1 TITLE		3.2 NAME	
3.2 NAME		3.3 STREET ADDRESS	
3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
3.4 CITY-ST-ZIP		4.1 TITLE	
4.1 TITLE		4.2 NAME	
4.2 NAME		4.3 STREET ADDRESS	
4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
4.4 CITY-ST-ZIP		5.1 TITLE	
5.1 TITLE		5.2 NAME	
5.2 NAME		5.3 STREET ADDRESS	
5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
5.4 CITY-ST-ZIP		6.1 TITLE	
6.1 TITLE		6.2 NAME	
6.2 NAME		6.3 STREET ADDRESS	
6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
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:  REQUIRED

1-6-99 850-979-654

Date

Daytime Phone #

CE2F024 (11/98)