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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P9700001781

1. Corporation Name

CROFT GENERAL CONTRACTORS, INC.

Principal Place of Business
60 SEA CROFT ROAD
CANTA DOCA DEACH EL 32450

2. Principal Place of Business

Mailing Address

2a. Mailing Address

60 SEA CROFT ROAD SANTA ROSA BEACH FL 32459

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90057 022 ***150.00



Applied For

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

01/08/1997 4. FEI Number

Sule, Apt. #. etc. Sule, Apt. #. etc. 27	112//	V. Spooky LN.	26			59-3420074	Not	Applicable	
City & Sighe Country Zip Country Registered Agent Sight	Suite, Apt.	pt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional		
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11. Pursuant to the provisions of Sections 807.0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, speed or printed rame of ingigized year and title if applicable. PC OFFICERS AND DIRECTORS THE DISTRICT ADDRESS TO OFFICERS AND DIRECTORS THE DISTRICT ADDRESS THE STREET A					5 Street Address (F.O. Dox Humber is Not Acceptable)				
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34. I beroby contricting information cupolical with this filled does not quality for the expression stated in Norther 170 (17) SIGN Floring Nighting 1 (1) Infiner centry that the information	CITY-ST-ZIP	portific that the information accorded with	this filing does not qualify for the			ection 119 07(3)(i) Florida Statutes I further	certify that the in	formation	

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 trusted 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 attatorment with an address, with all other like empowered.

SIGNATURE: