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FILED
May 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000007269 (8)

1. Corporation Name

COMPLETE BUILDERS, INC.

Principal Place of Business

2215 GULF BLVD.
INDIAN ROCKS BEACH FL 34785

Mailing Address

2215 GULF BLVD.
INDIAN ROCKS BEACH FL 34785

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1997

4. FEI Number

☒ 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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 33785

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 33785

30 Country

9. Name and Address of Current Registered Agent

WAGNER, DALE M
2215 GULF BLVD.
INDIAN ROCKS BEACH FL 34785

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0902 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

Dale M. Wagner

PTD #8 D

4/28/98

(Signature typed in printed name of registered agent and new agent)

(Date Registered Agent Signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME LYONS, ROBERT E
STREET ADDRESS 2215 GULF BLVD.
CITY- ST- ZIP INDIAN ROCKS BEACH FL 34785

TITLE VSD
NAME WAGNER, DALE M
STREET ADDRESS 2215 GULF BLVD.
CITY- ST- ZIP INDIAN ROCKS BEACH FL 34785

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME
STREET ADDRESS
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.

SIGNATURE

Dale M. Wagner

USD

4/28/98 813/596-5513

CR2E034 (10/97)