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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000013051

BIRDWE	LL BUILDERS & ASSOCIATES	S, INC.					` .					
Principal Place of Business Mailing Address							1 (801(80		.,	111 66161 6	1181 1181 1851	
214 PATTEN HEIGHTS LAKELAND FL 33803 US US 214 PATTEN HEIGHTS LAKELAND FL 33803 US							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
							02/06/1997					
2. Principal Place of Business 21 3010 WATERFELD CIR 26 P. O. BOX 90					+	4.	FEI Number 59-34260				lied For Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				*			<u> </u>	Status Desired	• -	Fee Req		
23	City & State City & State						Trust Fund (Α	Added to	lay Be Fees	
24 25 29 3380406/30				Country			8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent					
Name and Address of Current Registered Agent				81	Name	10.	. Name and /	laaress of New Regis	terea Agen	<u>. </u>		
BIRDWELL, MITCHELL 214 PATTEN HEIGHTS LAKELAND FL 33803				82 Street Address (P.O. Box Number is Not Acceptable)								
DAIVERVIAD LC 22002				83			•					
			ł	84	City				F L 85	'		
11. Pursuant office or reagent. I as	the ab- orized Statut	ove- by ti tes.	named co ne corpora	orporatio ation's b	on submits this loard of director	statement for the purpors. I hereby accept the	appointmen	jing its r t as regi ⊃	egistered istered			
SIGNATURE	Signature, typed or printed name of registered agent a	WELL - MITCHELL	<u> </u>	DL	signature requ	- Y2	جغر (Station)	7-2	ATE	<u>1</u>		
12.	OFFICERS AND		13.	syon it	signatore requ			CHANGES TO OFFICE	RS AND DIF	RECTOR	RS IN 12	
TITLE	PD			1,1 TITLE			<u> </u>			hange	Addition	
NAME	BIRDWELL, MITCHELL			1.2 NAME		•		•	•			
STREET ADDRESS	OLA DATECHI HEIGHTO			1.3 STREET ADDRESS			•					
CITY-ST-ZIP	LAKELAND FL 33803			1.4 CITY-ST-ZIP								
TITLE				2.1 TITLE				•	C	hange	☐ Addition	
NAME	BIRDWELL, KATHY		2.2 NAM	Æ)							
STREET ADDRESS	ALL DATTEN LICIOUTA	•	2.3 STR	EET/	ADDRESS			•				

3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE TΠF 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME

2.4 CITY-ST-ZIP-

3.3 STREET ADDRESS

3.1 TITLE 3.2 NAME

☐ DELETE

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS LAKELAND FL 33803

4-26-99 941-1de54711

Change

Addition