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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B: Morthaih

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P9700016549 (2)

	G BUILDERS, INC.	Malina Address	<i>,</i> 			
Principal Place		Mailing Address P.O. BOX 1413 SEBRING FL 33871-1413				
P.O. BOX 141 SEBRING FL :						
•						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
2. Principal P.	lace of Business	2a, Mailing Address				02/21/1997 4. PEI Number Applied For
21		26				6.5-08-235-42 Not Applical
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22		27				Fea Required
City & State	9	City & State				6, Election Campaign Financing \$5.00 May Be
Zip	Country	7(p		untry		Trust Fund Contribution  Added to Fees
24	25 Couriny	29	30	Urili y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
<u> </u>	a. Name and Address of Curre			1		10. Name and Address of New Registered Agent
CELENTANO, VINCENT F 501 S. EGRET ST. SEBRING FL 33872				81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL 85 Zip Code		
agent. I a	egiatered agent, or both, in the State m familiar with, and accept the obli-					progration submits this statement for the purpose of changing its registered attended to the appointment as registered appointment appoint
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 7	ITLE		Change Additi
NAME	CELENTANO, VINCENT F JF	₹.	1.2 N	AME		
STREET ADDRESS	501 S. EGET ST.		1.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	SEBRING FL 33872	DELETE		ITY-SI	r - ZIP	
TITLE		☐ DETERE	2.1 T			Change Additi
STREET ADDRESS	`		2.2 N		ADDRESS	
CITY-ST-ZIP			1	INCEL		
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NAME			3.2 N	AME		
STREET ADDRESS			3.3 S	TREET	ADDRESS	
CITY-ST-ZIP			3.4. 0	CITY-S	T- ZIP	
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NAME			4.21		-	
STREET ADDRESS					Address	
CITY-ST-ZIP		DELETE		ITY-SI	- ZIP	☐ Change ☐ Addili
TITLE NAME			5.1 To 5.2 N		{	LI CHANGE LI AGOIII
STREET ADDRESS					ADODECC	
CITY-ST-ZIP				IREET /	ADDRESS	
TITLE		DELETE	5.4 C		- CH-	☐ Change ☐ Additi

14. Thereby 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 or, an attachment with an address.

STREET ADDRESS

**FILED** 

May 14 1998 8:00am

Secretary of State