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May 24, 1999 8:00 am
Secretary of State

05-24-1999 90007 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000018737

563996 - 90007 - 23

1. Corporation Name
SOUTHERN CUSTOM BUILDERS, INC.

Principal Place of Business
8156 ENGLISH ELM CIRCLE
SPRING HILL, FL 34611

Mailing Address
P.O. BOX 6623
SPRING HILL, FL 34611

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: FEBRUARY 24, 1997

4. FEI Number: 59-3552459 ☐ 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 the current year intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

MARY MELFI
8156 ENGLISH ELM CIRCLE
SPRING HILL, FL 34606

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 607.0502 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	PRESIDENT, TREASURER	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROBERT V. MELFI		1.2 NAME		
STREET ADDRESS	8156 ENGLISH ELM CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34606		1.4 CITY-ST-ZIP		
TITLE	SECRETARY	☒ DELETE	2.1 TITLE	VICE-PRESIDENT, SECRETARY	☒ Change ☐ Addition
NAME	MARY MELFI		2.2 NAME	MARY MELFI	
STREET ADDRESS	8156 ENGLISH ELM CIRCLE		2.3 STREET ADDRESS	8156 ENGLISH ELM CIRCLE	
CITY-ST-ZIP	SPRING HILL, FL 34606		2.4 CITY-ST-ZIP	SPRING HILL, FL 34606	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
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: [signature] 5/20/99 352-684-2751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

CR2E034 (11/98)