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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000023114

1. Corporation Name

EDWARDS BUILDING SPECIALIST, INC.

LUVIAND	o polebing of Ediacion	1140.					
Principal Place	of Business	M	ailing Address				T 10011001 ITB (8111 HODI) GOIST OBLIT DOLLD LIDOR STINI TINOS TENET LAND.
3008 33RD AVENUE S.E. 3008 33RD AVENUE S.E.							· ·
RUSKIN FL 33570 RUSKIN FL 33570							
							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
							03/10/1997
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number Applied For
21		26					59-3412540 Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired. Security Secur
22	_	27					5. Certificate of Status Desired. Fee Required
City & State	9		City & State				6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip	Country		Zip	Cou	intry	•	8. This corporation owes the current year Intangible
24	25	29	;	30			Personal Property Tax.
	9. Name and Address of Curre	nt Regis	stered Agent				10. Name and Address of New Registered Agent
					81	Name	
EDWARDS, FRED					82	Street Addr	ress (P.O. Box Number is Not Acceptable)
3008 33RD AVENUE S.E.				-	Ou con made		
RUSKIN FL 33570					83		
					L.		las 7% Codo
					84	City	FL 85 Zip Code
office or re agent. I ar SIGNATURE	egistered agent, or both, in the Statum familiar with, and accept the oblig	of Florid ations of	da. Such change was au , Section 607.0505, Flori	thorized da Stat	d by Lutes	the corporation	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered at when reinstating) DATE
12.	OFFICERS A			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD		☐ DELETE	1,1 TI	TLE		☐ Change ☐ Addition
NAME	EDWARDS, FRED			1.2 N	AME		
STREET ADDRESS	3008 33RD AVENUE S.E.			135	TREET	T ADDRESS	
	RUSKIN FL 33570			1	ITY-S	l l	
CITY-ST-ZIP TITLE	110011111 12 00070		☐ DELETE	2,1 TI			☐ Change ☐ Addition
				2.2 N		l	
NAME						T ADDRESS	
STREET ADDRESS			•			1	
CITY-ST-ZIP			☐ DELETE	3.1 TI		ST-ZIP	☐ Change ☐ Addition
TITLE			C DEFECT				
NAME				3.2 N			į
STREET ADDRESS						T ADDRESS	
CITY-ST-ZIP				_		ST-ZIP	☐ Change ☐ Addition (
TITLE			☐ DELETE	4,1 TI		1	Change C Addition (
NAME					AME		
STREET ADDRESS				4.3 S	TREE	T ADDRESS	}
CITY-ST-ZIP				4.4 C	ITY-S	T-ZIP	
TITLE			☐ DELETE	5.1 TI			☐ Change ☐ Addition
NAME				52 N	AME		
STREET ADDRESS				5.3 \$	TREE	T ADDRESS	
CITY-ST-ZIP				5.4 C	ITY-S	T-ZIP	
TITLE			☐ DELETE	6.1 Ti	πE		☐ Change ☐ Addition

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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR