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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000026598

1. Corporation Name

BUSY BEAVER BUILDERS INC.

Principal Place of Business	Mailing Address
2645 11TH STREET NORTH	2645 11TH STREET NORTH

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90180 003 \*\*\*150.00



Principal Place	e of Business	Mailing Addres	S						
2645 11TH STREET NORTH 2645 11TH STREET NORTH			EET NORTH						
ST. PETE FL 33	3704	ST. PETE FL 33704				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						03/19/1997		ļ	
		10 14-10- 14	-			4. FEI Number	, , , , , , , , , , , , , , , , , , ,	pplied For	
<del></del>	ace of Business	2a. Mailing Add	aress			1	——	ot Applicable	
21		26	# _A-			59-3434249			
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired		Additional equired	
22		27			<del></del>	<del> </del>			
City & State	е	City & Stat	е			1		May Be to Fees	
23 28			Country				to rees		
Zip Country		<b>⊢</b> ·	- ·			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No			
24	25	29	30			10. Name and Address of New Registered Ager		21140	
	9. Name and Address of Curren	t Registered Agen	<u>.                                    </u>	81	Name	10. Name and Address of New Registered Age			
SMA	LLWOOD, LOUIS D			"	Name	<u> </u>	_		
	11TH STREET NORTH			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	PETE FL 33704				<u> </u>				
31. F	TEIE FL 33/04			83					
				84	City	8:	Zip	Code	
					1	FL	ļ <u>`</u>		
office or re	to the provisions of Sections 607,050, egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such cha	inge was authori:	zed bv	the corporat	rporation submits this statement for the purpose of char tion's board of directors. I hereby accept the appointme	nt as re	gistered	
SIGNATURE	Signature, typed or printed name of registered ager	it and title if applicable.	(NOTE: Registe	red Age	nt signature requi	ired when reinstating) DATE			
12.	OFFICERS AN	D DIRECTORS	1	3.		ADDITIONS/CHANGES TO OFFICERS AND D		ORS IN 12	
TITLE	P		DELETE 1.	1 TITLE			Change	☐ Addition	
NAME	SMALLWOOD, LOUIS DEAN		1.	2 NAME				Į.	
STREET ADDRESS	2645 11TH STREET N		1.	3 STREE	T ADDRESS			Į	
CITY-ST-ZIP	ST PETERSBURG FL 33704		1.	4 CITY-S	T-ZIP				
TITLE			DELETE 2.	1 TITLE			Change	Addition	
NAME I			2.	2 NAME	1			1	
STREET ADDRESS			2.	3 STREE	T ADDRESS				
				4 CITY-S				1	
CITY-ST-ZIP				1 TILE	, <u></u>		Change	- 🔲 Addition	
NAME				2 NAME	Ì				
í					T ADDRESS				
STREET ADDRESS				4. CITY- 5	·				
CITY-ST-ZIP				4. CITT-S 1 TITLE	SI-ZIP		Change	☐ Addition	
TITLE		Ь		2 NAME			<i>a</i> -	_ "	
NAME					J	•			
STREET ADDRESS					TADDRESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			4 CITY-S	T-ZIP		Change	Addition	
TITLE		Ц		1 TITLE		. Ц	Jimilye		
NAME				2 NAME					
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP				4 CITY-S	T-ZIP				
TITLE			OLLL.L	1 TITLE			Change	☐ Addition	
NAME				2 NAME				}	
STREET ADDRESS			6.	3 STREE	T ADDRESS				
CITY-ST-ZIP			6.	4 CITY-S	IT-ZIP				

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.

Leuis 0. Smallwood

SIGNATURE: 6

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