

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000053539 (7)**

1. Corporation Name
BILT-RITE DEVELOPMENT, INC.

Principal Place of Business 4495A LUKE AVE DESTIN FL 32541	Mailing Address 4495A LUKE AVE DESTIN FL 32541
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 215 MOUNTAIN DRIVE Suite, Apt. #, etc. 22 109 City & State 23 DESTIN FLORIDA Zip 24 32541		2a. Mailing Address 26 215 MOUNTAIN DRIVE Suite, Apt. #, etc. 27 SUITE 109 City & State 28 DESTIN Zip 29 FL Country 30 32541		3. Date Incorporated or Qualified 06/16/1997
		4. FEI Number 59-3457621	Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent HOHNADALL, KATHY P 4495A LUKE AVE DESTIN FL 32541		10. Name and Address of New Registered Agent 81 Name KIEFER, KATHY P. 82 Street Address (P.O. Box Number is Not Acceptable) 215 MOUNTAIN DR. SUITE 109 83 84 City DESTIN FL 85 Zip Code 32541	
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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 **Kathy P. Kiefer / KATHY P. KIEFER / DIRECTOR** DATE **4/21/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOHNADALL, KATHY P		1.2 NAME KIEFER, KATHY P.	
STREET ADDRESS 4495A LUKE AVE		1.3 STREET ADDRESS 215 MOUNTAIN DR. SUITE 109	
CITY-ST-ZIP DESTIN FL 32541		1.4 CITY-ST-ZIP DESTIN, FL 32541	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **Kathy P. Kiefer / KATHY P. KIEFER 4-9-98 860-654-0000**

CR2E034 (10/97)