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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DE PARTMENT OF STATE

Katherine Harris

Secretary of State

DOCUMENT # 197000 64231

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ASBURY DESIGN + CONSTRUCTION IN SECRE DARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business 3424 DURCHESTER CV. TALLANASSEE FL 32512 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Emancing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zio $Z_{\rm ID}$ This corporation owes the current year Intangible 25 Personal Property Tax 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TOM ASBURY 31124 DOROTESTER OT. Street Address (P.O. Box Number is Not Acceptable) 82 83 TALL FL 32312 City 85 Zip Code 84 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. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THOMAS B ASBURY [| DELETE TITLEPUPS T NAME 342400RCHESTERCT TALLAUSSER FL30312 CITY-ST-ZIP 14 CITY-ST-ZIP TITLE [] Change 2.1 TITLE NAME 22 NAM 500002790455--1 -03/01/99--01089--017 STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CHY-ST-ZiP ****150.00

****150.00 [| DELETE TITLE 3.1 ToTLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP [] DELETE [Addition 41 TITLE TITLE STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1-21P [| DELETE TITLE 5 1 TITLE ! LAddition 5.2 NAME 53 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 61 TITLE [| Change I I DELETE [] Addition TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 five 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 empoweredo execute this media are 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.

6.4 CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-99

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