May 04, 1999 8:00 am Secretary of State

05-04-1999 90106 033 ***150.00

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 # P97000071390

1. Corporation Name

| E.S.G. B | UILDERS, INC. | | | | | | | |
|--|---|--|-----------------------------|------------------------------------|--|----------------------|-----------------------------|--|
| Principal Place | e of Ruciness | Mailing Address | | | -{ | | 18111 BBIS 1081 | |
| 392 RINGWOOD CIRCLE WINTER SPRINGS FL 32708 US 392 RINGWOOD CIRCLE WINTER SPRINGS FL 32708 US US | | | | | DO NOT WRITE IN THIS | SPACE | | |
| | | | | | 3. Date incorporated or Qualifed 08/18/1997 | | | |
| - | lace of Business | 2a. Mailing Address | | | 4. FEI Number 65-0774796 | | oplied For ot Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 / - Fee Re | Additional | |
| City & Stat | e | City & State | | | 6. Election Campaign Financing | \$5.00 | <u> </u> | |
| 23 Zip | ′ Country | Zip C | Country | у | Trust Fund Contribution 8. This corporation owes the current year Int | | IO Fees | |
| 24 | 25 | 29 30 | | | Personal Property Tax. | Yes | ZNo_ | |
| | 9. Name and Address of Current | Registered Agent | <u> </u> | | 10. Name and Address of New Registered | Agent | | |
| GAR | D, EDWIN S | | 81 | Name | | | | |
| 392 RINGWOOD CIRCLE | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptable) | | | |
| WINTER SPRINGS FL 32708 | | | 83 | 3 | | | | |
| | | | 84 | City | | 85 Zip (| Code | |
| | | | | | FL | _ | | |
| office or r agent. I a | to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligations. | ? and 607.1508, Florida Statutes, the of Florida. Such change was authoritions of, Section 607.0505, Florida S | e abov zed by tatutes | re-named corp the corporations. | oration submits this statement for the purpose of on's board of directors. I hereby accept the appo | ntment as re | gistered | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: Regist | ered Age | ent signature require | od when reinstating) DATE | | | |
| 12. | OFFICERS ANI | | 13. | | ADDITIONS/CHANGES TO OFFICERS A | D DIRECTO | ORS IN 12 | |
| TITLE | PVTS | ☐ DELETE 1 | 1 TITLE | | | Change | Addition | |
| NAME | GARD, EDWIN S | 1 | 2 NAME | | | | | |
| STREET ADDRESS | 392 RINGWOOD CIRCLE | | | TADDRESS | | | 1 | |
| CITY-ST-ZIP | | | 1.4 CITY-ST-ZIP 2.1 TITLE | | | Change | Addition | |
| TITLE | | | 2 NAME | | | | | |
| NAME STREET ADORESS | | | | TADDRESS | | | | |
| CITY-ST-ZIP | | | 4 CITY- | ļ | • | r | » | |
| TITLE | | ☐ DELETE 3 | 1 TITLE | | | Change | ☐ Addition | |
| NAME | | 3 | 2 NAME | | | | | |
| STREET ADDRESS | · | 3 | 3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 4. CITY-1 | | | ☐ Change | Addition | |
| TITLE | | | .1 TITLE | 3 | | ⊢ī ⇔iiai ige | F1 Vinduros) | |
| NAME ethect appress | | | . 2 NAME 3 STREE | ET ADDRESS | | | } | |
| STREET ADDRESS CITY-ST-ZIP | ** 5 | | 4 City-5 | | | | Ì | |
| TITLE | | DELETE 5.1 TI | | - | | Change | Addition | |
| NAME | | The state of the s | .2 NAME | | | | | |
| STREET ADDRESS | | | | TADORESS | | | | |
| CITY-ST-ZIP | | | 4 CITY-5 | ST-ZIP | | C Change | - Addition | |
| TIΠE | I | ☐ DELETE ■ 6 | 1 TITLE | 1 | | 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

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

REEDWIN BIGARD