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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State
DIVISION OF CORPORATIONS

1999 P9700084665

1. Corporation Name

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90124 037 ***150.00

STONEHENGE BUILDERS INCORPORATED													
Principal Place	of Business	Mailing Address					! !!!!!!		 				BILLE BILL LEBE
95 BAYOU RD.	, w Badinese	95 BAYOU RD.											
SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL 32459				i9									
							DO NOT WRITE IN THIS SPACE						
						;	•	orated or Quali	fed				
		-	-			_	09/29/19					1	
2. Principal Place of Business 2a. Mailing Ad			ess			'	4. FEI Number				\vdash	┿	plied For
21		26					02-04750	182			40		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.] :	5. Certificate o	f Status Desire	d 🗆		•		Additional quired	
City & State		City & State				-	6 Flasher Co	mpaign Financi					May Be
·	28	u oldio					mpaign Filiand Contribution	ing 🗀				o Fees	
Zip	Co. ntry	Zip Coun				8. This corporation owes the o			current vea	- ——- a∵Intan			
24	25	29	30	1		'	Personal Pr		conon jou] Yes		□No
24	9. Name and Address of Current		-100			1		Address of Ne	w Registe	ed Aç	jent		
			1	81	Name								
EUSI	HEE, CHRISTOPHER E		ļ.	82	Street /	ddross	/P.O. Box Num	nber is Not Acc	entable)				
95 BAYOU RD.] '	02	Sueer Fa	vuui ess	(F.O. BOX 1401)	ilber is Not Acc	еріалісу				
SAN	ra Rosa Beach FL 32459			83									
ı			-								or T	Zin	Code
			[84	City				1	1FL 1	85	ZIP .	-00e
11. Pursi ant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Stall	ites, the ab	ove-	named o	corporat	tion submits thi	s statement for	the purpos	e of ch	angir	ng its	registered
office or re	egistered agent, or both, in the State of in familiar with, and accept the obligation	Florida, Such change was	authorized orida Statul	by th	ne corpor	ration's	board or direct	tors. I hereby a	ccept the a	ppointr	nent	as re	gistered
	Translat with, and accept the congrue	113 01, 0004011 001.0000; 1 1	anda Oldia										
SIGNATURE	Signature, typed or printed name of registered agent a	ind title if applicable (NC)T	E Registered A	gent s	signature re q	quired whe			DAT			_	
12.	OFFICERS AND	DIRECTORS	13.	·			ADDITIONS/	CHANGES TO	OFFICER				
TITLE	PVTS	☐ DELETE	11 TITL	E.						Į	Cha	ange	☐ Addition
NAME	Bushee, Christopher e		1 2 NAM	ΛE	ĺ								
STREET ADDICESS	V		1.3 STR	1,3 STREET ADDRESS									
CITY-ST-ZIP			1.4 CIT	1.4 CITY-ST-ZIP									
TITLE	DCM DELETE 2:		2.1 TITL	2.1 TITLE						i	Cha	inge	Addition
NAME	BUSHEE, CHRISTOPHER E		2.2 NAM	2.2 NAME									
STREET ADD: RESS	95 BAYOU RD.		2.3 STR	2.3 STREET ADDRESS									
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459		2. 4 CIT	2. 4 CITY-ST-ZIP									
TITLE	197		3.1 TITL	3.1 TITLE						Į.	Cha	inge	☐ Addition
NAME	BUSHEE, CHRISTOPHER E		3.2 NAA	3.2 NAME									
STREET ADD RESS			3.3 STR	3.3 STREET ADDRESS									
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459		3.4. CIT		ZIP								Addition
TITLE		☐ DELETE	4.1 TITL		-					!	☐ Cha	ange	Addition
NAME			4. 2 NA		1								
STREET ADD RESS					DDRESS								
CITY-ST-ZIP		[] bc ere	4.4 CIT		ZIP							nnae.	Addition
TITLE		☐ DELETE	5.1 TITL								☐ Cha	anye	
NAME			5.2 NAA		DODECC								
STREET ADD RESS					DDRESS								
CITY-ST-ZIP		☐ DELETE	5.4 CITY 6.1 TITL		<u> </u>						Ch:	anne	Addition
TITLE		. \[\sum_{\text{peress}} \]	6.2 NAM		,			•			0,11	-,,90	
NAME					DODESS			•					
STREET ADD 1033					ADDRESS								
CITY-ST-ZIP			6.4 C/T	1-51-	ᄱ								

14. I heraby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.37(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and a currate and that my signature shall have the same legal effect as if made under oath; that I am an office or director of the corporation or the reporter 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 appearance with an address, with an other like empowered.

SIGNATURE:

SN. THE AND TYPED C IN PRINTED MAME OF SIGNING OFF DER OR DIRECTOR

4/23/87 8 26 7-3221 Date Daytime Phone # SR2E034 (11/98