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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000087543 (9)

HUCKLEBERRY BUILDERS, INC.

Principal Place of Business

Mailing Address

74M VERNA-RETHANY ROAT

FILED Feb 25 1998 8:00am Secretary of State



MYAKKA CITY FL 34251			MYAKKA CITY FL 34251		DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualified		
						•		
9 Dringland Dia	no of Business	2a. Mailing Address	2a Mailing Address			10/10/1997 4. FEI Number	Applied For	
2. Principal Place of Business		<u> </u>	26			65-0786594	Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			_	\$8.75 Additional	
22		27	·			5. Certificate of Status Desired	Fee Required	
City & State		City & State	¬ ′			6. Election Campaign Financing	\$5.00 May Be	
23 Country		28				Trust Fund Contribution		
Zip	Country	Zip		_ ′		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24		25 29 30 and Address of Current Registered Agent		10. Name and Address of New Registered Agent				
				Name		10. Hame and begins of their Undistains	rigo	
	TO, SHANNON G							
	1 VERNA-BETHANY ROAD		82	Street	Addres	s (P.O. Box Number is Not Acceptable)		
MYA	NKKA CITY FL 34251		83					
			[83]				
			84	City		FL	85 Zip Code	
11. Pursuant to	the provisions of Sections 60 gistered agent, or both, in the	7.0502 and 607.1508, Florida Statu State of Florida. Such change was	ites, the abov	e-named y the con	corpor	ation submits this statement for the purpose on's board of directors. I hereby accept the app	f changing its registered pointment as registered	
agent. 1 am	familiar with, and accept the	obligations of, Section 607.0505, F	lorida Statute	S.			-	
SIGNATURE _								
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re OFFICERS AND DIRECTORS			egistered Agent signature required		when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	DIRECTORS IN 12	
12.	OFFICER	S AND DIRECTORS DELETE	13. 1.1 TITLE	10	70-	exident.	Change Addition	
TITLE		□ nerreit				beel a Huddeberry	C cusufe C vocition (4	
NAME			1.2 NAME		MILE	nacl A. Huckleberry Iverna Bethany Rd.		
STREET ADDRESS				T ADDRESS	M 1	akica City, FL 342	51	
CITY - ST - ZIP		DELETE	1.4 CITY -: 2.1 TITLE	SI-ZIP			☐ Change ☐ Addition	
TITLE		U DECEIL	2.1 HILE 2.2 NAME		V P	mes C. Spoto ol verna Bethany Rd		
NAME				T ADDRESS	74	piverna Bethany Rd		
STREET ADDRESS					M. U.	akka City, FL. 34251		
CITY-ST-ZIP		DELETE	2.4 CITY- 3.1 TITLE	SI-ZIP	6-	c./Tres.	Change Addition	
TITLE			3.1 HILE 3.2 NAME		20	annon C. Spoto oi verna Bethany Rd.		
NAME				T ADDRESS	311	of verna Bethany Rd.		
STREET ADDRESS					M	akka City FL 34251		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - 4.1 TITLE	21-7IP	ALL	H MICH CITY, 1-6 3 923!	Change Addition	
NAME		_ Jeen	4. 2 NAME		1			
				T ADDRESS				
STREET ADDRESS						_	<i>,</i>	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY -: 5.1 TITLE	51- ZIP	 		Change Addition	
						///	~ / · · · · · · · · · · · · · · · · · ·	
NAME			5.2 NAME	7 4 DDDCCC	1		7/0~	
STREET ADDRESS	+ 1.			T ADDRESS	1	<i>'M' 0</i>	(100)	
CITY-ST-ZIP		☐ DELETE	5.4 CITY -	SI-ZIP	 	10	Change Addition	
TITLE		D breet				1000024406		
NAME			6.2 NAME	T 4 DDD500		1000024406 -02/25/98010170	32 l	
STREET ADDRESS				T ADDRESS		***150.00		

14. Thereby 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.

2-11-60 041-252-1125