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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000094527			
1. Corporation Name RHOADES BUILDERS, INC.			
Principal Place of Business 8154 SE CARLTON ST HOBE SOUND FL 33455		Mailing Address 8154 S.E. CARLTON ST. HOBE SOUND FL 33455	
2. Principal Place of Business 21 HOBE SOUND # Suite, Apt. #, etc.		2a. Mailing Address 26 8154 S.E. CARLTON ST Suite, Apt. #, etc.	
22 8154 S.E. CARLTON ST City & State		27 HOBE SOUND FLA City & State	
23 HOBE SOUND FLA Zip		28 HOBE SOUND FLA Zip	
24 33455 Country		25 MARTIN Country	
29 33455 Country		30 MARTIN Country	
9. Name and Address of Current Registered Agent RHOADES, DAREL A 8154 S.E. CARLTON ST. HOBE SOUND FL 33455			
10. Name and Address of New Registered Agent 81 Name RHOADES DAREL A. 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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 X Darel A. Rhoades DATE			
12. OFFICERS AND DIRECTORS			
1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME P RHOADES, DAREL A 1.3 STREET ADDRESS 8154 SE CARLTON ST 1.4 CITY-ST-ZIP HOBE SOUND FL 33455			
2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME AVP HOLBROOK, ROBERT 2.3 STREET ADDRESS 14026 FLORAL AVE 2.4 CITY-ST-ZIP HOBE SOUND FL 33455			
3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME RHOADES DAREL A. 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 this 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.

SIGNATURE: *Darel A. Rhoades*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)