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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000098195 (5)

AUSTIN BUILDERS, INC.

Principal Place of Business

Mailing Address

FILED May 08 1998 8:00am Secretary of State



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1140 TURTLE CREEK BLVD., STE. 921 NAPLES FL 34110		1140 Turtle Creek Blvd., Ste. 921 Naples Fl 34110					DO NOT WRITE IN THIS PRACE			
								DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified		
								11/17/1997		
-	Place of Busin	ess	2a. Mailing	Address				4. FEI Number Applied For		
21			26					59-3486 029 Not Applicable		
Suite, Ap			27	Suite, Apt. #, etc.				5. Certificate of Status Desired Sa.75 Additional Fee Required		
City & Sta	City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees		
Zip		Country Zip			Country			8. This corporation owes or has paid the current year Intangible		
24		25	29					Personal Property Tax due June 30. Yes No		
	9, Name	and Address of Curr	rent Registered Ag	ent		ат		10. Name and Address of New Registered Agent		
	errin, arth				8	Ħ	Name			
	140 TURTLE APLES FL 34	Creek Blvd., Ste	. 921		6	2	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
13.	AI LLO I L 04	110			8	3				
					8	14	City	FL 85 Zip Code		
44 Duranna	t to the province	one of Costions CO7.0	503 t 503 box 503	Clarida Ctat.	too the ebe	<u></u>	nomod no			
office or	regi ste red age	ons or sections 607.0 ont, or both, in the Sta	ate of Florida, Such	change was	authorized	bу	the corpor	exporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered		
agent. I	am familiar wit	h, and accept the obl	ligations of, Section	607.05 05 , Fl	lorida Statul	tes				
SIGNATURE	ALC: -	or printed name of registered.						equired when reinstating) DATE		
12.	Signature, Type()		AND DIRECTORS) (NU	13.	-don	nt signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	OF FIGURE	SIND ENTRE OTORIS	DELETE	1,1 TITL	F		Change Addition		
NAME	PERRIN,	ADTHILID	•		1.2 NAM			Oldingo Positio		
STREET ADDRESS		RTLE CREEK BLVD	CTE 021				ADDRESS			
		FL 34110	., OIL. 821		1.4 CITY			•		
CITY-ST-ZIP	INTES	FL 34110		DELETE	2.1 TITLE		1 - ZIP	Change Additio		
NAME			•		2.2 NAM		ľ			
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NAME					5.2 NAM					
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TITLE			ı	DELETE	6.1 T(TL	E] Change] Additio		
NAME					6.2 NAM	E				
STREET ADDRESS	; 				6.3 STRE	ET /	ADDRESS			
CITY-ST-ZIP					6.4 CITY	- 51	ZIP			
								Lip Section 119 07(3)(i) Florida Statutes I further certify that the information		

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 truetropempowered 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.

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