Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90009 001 \*1,428.75

## 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 CF CORPORATIONS

## DOCUMENT # P9800000798

1. Corporation Name

ROYAL C	COAST BUILDERS, INC.										
Principal Place	of Business	Mailing Address					1	i inditiinat iin inini läini haiti na	<b>    </b>		(818) 1911 1881
13922 58TH STREET NORTH 13922 58TH STREET NORTH											
CLEARWATER FL 33760 CLEARWATER FL 33760								DO NOT WRI	TE IN THI	SSPACE	
							-	Date Incorporated or Qualifed	IE IIN I IIII	S SPACE	
								01/01/1998			
e Princir al Di	ace of Business	2a, Mailing Address						FEI Number		At,	plied For
<del></del>	ace of Business	26					"	65-0809099		<u> </u>	t Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.					t			\$8.75	Additional
22		27					5.	Certificate of Status Desired	XI	Fee Re	quired
City & State	9	City & State					6.	Elect on Campaign Financing		\$5.00	May Be
23		28						Trust Fund Contribution	<u></u>	Added :	o Fees
Zip	Country	Zip	Cou	ntry			8.	This corporation owes the curr	ent year Ir		
24	25	29	30				<u>L.</u>	Personal Property Tax.		Yes	□ No
	9. Name and Address of Curren	t Registered Agent	_	81	Name		10.	Name and Address of New F	(egistei ed	Agent	
CAD	TON LODI			۰'	Ivanie	,					
Garton, Lori 13922 58th Street North				82	Street	Addre	ss (P	P.O. Box Number is Not Accepta	able)		_
CLEARWATER FL 33760				83							
CLL	AMAILITY E GOTGO			0.0							
				84	City				FI	85 Zip (	Code
SIGNATURE	m familiar with, and accept the obligation of the state of the obligation of the state of the st		TE: Registered			re juired		einstatinç ) ADDIT ONS/CHANGES TO OF	DATE FICERS A	ND DIRECTO	RS IN 12
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CITY-ST-ZIP	CLEARWATER FL 33760		1.4 CI	.4 CITY-ST-ZIP		Cl	ear	water, FL 33760			
TITLE		DELETE 2.11		ΠE		S				Change	Addition
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NAME					T ADDRESS						
STREET ADORESS			4.3 ST			1					
CITY-ST-ZIP TITLE		☐ DELETE	5.1 17		1 · Lil	+-				Change	☐ Addition
NAME			5.2 N/								
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TITLE		☐ DELETE	6.1 Ti	ΠE						Change	☐ Addition
NAME		/	6.2 NA	WE							
STREET ADDR :SS			8.3 81	REET	T ADDRESS	3					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0°(3)(i), Florida Statutes. I further sertify that the information indicated on this annual report or suppliemental 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 on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the my name appears in Block 12 or Block 13 if change 100 or language 100 or language 110 or Block 13 if change 110 or Block 1

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NINO OFFICE R OR DIRECTOR

/Lori Garton, Secretary 3/18/99 727-536-5900