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Secretary of State

04-02-1999 90077 037 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000003877

1. Corporation Name

SOUTHERN COMFORT BUILDERS, INC.



Principal Place of Business

525 CHASE HAMMOCK ROAD
MERRITT ISLAND FL 33607

Mailing Address

525 CHASE HAMMOCK ROAD
MERRITT ISLAND FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1998

4. FEI Number

59-3498633

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 5030 N. Courtenay Pkwy

Suite, Apt. #, etc.

22

City & State

23 Merritt Island FLA

Zip

24 32953

Country

25 BREVARD

2a. Mailing Address

26 5030 N. Courtenay Pkwy

Suite, Apt. #, etc.

27

City & State

28 Merritt Island FLA

Zip

29 32953

Country

30 BREVARD

9. Name and Address of Current Registered Agent

ELLIS, DELMAS R
525 CHASE HAMMOCK ROAD
MERRITT ISLAND FL 33607

10. Name and Address of New Registered Agent

81 Name

Ommie J. Ellis

82 Street Address (P.O. Box Number is Not Acceptable)

5030 N. Courtenay Pkwy

83

Merritt Island FLA 32953

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

Ommie J. Ellis, Sec. Treas.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-31-99

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **ELLIS, DELMAS R**
STREET ADDRESS **525 CHASE HAMMOCK ROAD**
CITY-ST-ZIP **MERRITT ISLAND FL 33607**

TITLE **STD** ☐ DELETE
NAME **ELLIS, OMMIE J**
STREET ADDRESS **525 CHASE HAMMOCK ROAD**
CITY-ST-ZIP **MERRITT ISLAND FL 33607**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Ommie Jean Ellis**
1.3 STREET ADDRESS **5030 N. Courtenay Parkway**
1.4 CITY-ST-ZIP **Merritt Island, FLA 32953**

2.1 TITLE **Vice President** ☐ Change ☒ Addition
2.2 NAME **Chester L. Lovett**
2.3 STREET ADDRESS **800 Lakewood Circle**
2.4 CITY-ST-ZIP **Merritt Island FLA 32952**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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, with all other like empowered.

SIGNATURE:

Ommie J. Ellis, Sec. Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-99

Date

407.453.2244

Daytime Phone #

0115705

CR2E034 (11/98)