FILED

Jan 26, 1999 8:00 am Secretary of State

01-26-1999 90020 027 ***150.00

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 OF CORPORATIONS

DOCUMENT # P98000014703

1. Corporation Name

SWEET	WATER BUILDERS, INC.									1 111: 4 1 111 8	1111 11 111	11 3 11 3 11	. 11: 1 00 11	88188 (11): 1 88 :
								.						
Principal Plac	ce of Business	Mail	ling Address					1.	A LORESTORE TEN PRINCE TOTAL BE	IIII RAISI A	#### #################################	CINN NI	114 1 0 E ft	ABIBE (III IND)
			S PINEAPPLE AVE ! M BAY FL 32905	NE					•					
									DO NOT	WRITE I	N THIS	SPAC	Έ	
								3.	. Date incorporated or Qua	lifed				
	·								02/13/1998					
	Place of Business	2a. N	Mailing Address					4.	. FEI Number				Ap	plied For
21		26							<u>59-3493302</u>					t Applicable
Suite, Apt	#, etc.	27	Suite, Apt. #, etc.					5.	Certifcate of Status Desire	ed [ן			Additional equired
City & Sta	ite		City & State					6.	Election Campaign Financ	ing _		\$!	5.00	May Be
23		28		•••					Trust Fund Contribution	"" ⁹ [<u>.</u>			o Fees
Zip	Country	⊢	Zip		intry		:	8.	This corporation owes the	current	year Inta	ngible	;	
24	25	29		30					Personal Property Tax.			☐ Ye		□No
	9. Name and Address of Curre	nt Register	red Agent		81	Nt		10.	Name and Address of No	ew Regi	stered A	Agent		
C) F	EVENGER, JAMES P II.		• •		*'	Nam	ie							
Sec. 100	6 PINEAPPLE AVE NE		-	İ	82	Stree	et Addres	s (P	O. Box Number is Not Acc	eptable)				
	M BAY FL 32905				83									* *** · · · · · · · · · · · · · · · · ·
					03									
					84	City			¥	r in pale of		85	Zip C	ode
											· 듣 I			
	to the provisions of Sections 607.050	02 and 607	1508 Florida Sta	tutes the a	hove	nomo	d corner	otion	a submite this statement for			بلل		
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.	1508, Florida Sta Such change was	itutes, the all	bove by t	-name the cor	d corporation	ation	n submits this statement for pard of directors. I hereby a	the purp	ose of c	hangi tment	ng its as reg	registered jistered
11. Pursuant office or agent. I a	to the provisions of Sections 607.05(registered agent, or both, in the State am familiar with, and accept the obliga	02 and 607 of Florida ations of, Se	7.1508, Florida Sta Such change was ection 607.0505, F	itutes, the at s authorized Florida Statu	bove by tutes.	-name the cor	ed corporation	ation 's bo	n submits this statement for pard of directors. I hereby a	the purp ccept the	ose of c	hangi tment	ng its as reg	registered gistered
11. Pursuant	an laminal with, and accept the obliga	auons oi, Si	ection 607.0505, i	Fiorida Statt	utes.	•						hangi tment	ng its as reç	registered gistered
11. Pursuant office or agent. I a	an lanillar with, and accept the obliga	ent and title if ap	pplicable. (NC	atutes, the all s authorized Florida Statu	utes.	•		hen re	einstating)		DATE			
11. Pursuant office or agent. I a	Signature, typed or printed name of registered age	ent and title if ap	pplicable. (NC	OTE: Registered	Agent	•		hen re			DATE		ECTO	
11. Pursuant office or agent. I a SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ent and title if ap	pplicable. (NC	OTE: Registered	Agent	•		hen re	einstating)		DATE	D DIRI	ECTO	RS IN 12
11. Pursuant office or agent. I a SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN PD CLEVENGER, JAMES P II.	ent and title if ap	pplicable. (NC	OTE: Registered 13. 1.1 TIT 1.2 NA	Agent TLE	•	e required w	hen re	einstating)		DATE	D DIRI	ECTO	RS IN 12
11. Pursuant office or agent. I a SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN PD CLEVENGER, JAMES P II. 1006 PINEAPPLE AVE NE PALM BAY FL 32905	ent and title if ap	pplicable. (NC	OTE: Registered 13. 1.1 TIT 1.2 NA	Agent TLE TREET	t signatur	e required w	hen re	einstating)		DATE	D DIRI	ECTO	RS IN 12
11. Pursuant office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN PD CLEVENGER, JAMES P II. 1006 PINEAPPLE AVE NE	ent and title if ap	pplicable. (NC	OTE: Registered 13. 1.1 TIT 1.2 NA 1.3 STI	Agent TLE MAE REET	t signatur	e required w	hen re	einstating)		DATE	D DIRI	ECTO: ange	RS IN 12
11. Pursuant office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PD CLEVENGER, JAMES P II. 1006 PINEAPPLE AVE NE PALM BAY FL 32905	ent and title if ap	pplicable. (NC	OTE: Registered 13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT	Agent TLE MAE REET / TY-ST- LE	t signatur	e required w	hen re	einstating)		DATE	D DIRI □ Ch	ECTO: ange	RS IN 12
11. Pursuant office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PD CLEVENGER, JAMES P II. 1006 PINEAPPLE AVE NE PALM BAY FL 32905 SD CLEVENGER, ROSE MICHELE	ent and title if ap	pplicable. (NC	OTE: Registered 13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA	Agent LE KEET / IY-ST- LE ME	t signatur	e required w	hen re	einstating)		DATE	D DIRI □ Ch	ECTO: ange	RS IN 12
11. Pursuant office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN PD CLEVENGER, JAMES P II. 1006 PINEAPPLE AVE NE PALM BAY FL 32905 SD CLEVENGER, ROSE MICHELE	ent and title if ap	pplicable. (NC	OTE: Registered 13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA	Agent TLE ME REET / TY-ST- LE ME REET-/	ADDRES	e required w	hen re	einstating)		DATE	D DIRI □ Ch	ECTO: ange	RS IN 12
11. Pursuant office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN PD CLEVENGER, JAMES P II. 1006 PINEAPPLE AVE NE PALM BAY FL 32905 SD CLEVENGER, ROSE MICHELE 1006 PINEAPPLE AVE NE	ent and title if ap	pplicable. (NC	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.2 NA 2.3 STI	Agent TLE ME TY-ST- LE ME REET/ TY-ST-	ADDRES	e required w	hen re	einstating)		PATE	D DIRI □ Ch	ECTO: ange	RS IN 12
11. Pursuant office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PD CLEVENGER, JAMES P II. 1006 PINEAPPLE AVE NE PALM BAY FL 32905 SD CLEVENGER, ROSE MICHELE 1006 PINEAPPLE AVE NE	ent and title if ap	pplicable. (NCTORS DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.2 NA 2.3 STI 2.4 CIT 2.4 CIT 2.4 CIT 2.5 CIT	Agent Agent TLE REET / IY-SI- LE ME TY-SI- LE TY-SI- LE	ADDRES	e required w	hen re	einstating)		PATE	D DIRI	ECTO: ange	RS IN 12 Addition
11. Pursuant office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN PD CLEVENGER, JAMES P II. 1006 PINEAPPLE AVE NE PALM BAY FL 32905 SD CLEVENGER, ROSE MICHELE 1006 PINEAPPLE AVE NE	ent and title if ap	pplicable. (NCTORS DELETE	13. 1.1 Tr 1.2 NA 1.3 STI 2.1 TIT 2.2 NA 2.3 STF 2.4 CT 3.1 TITI 3.2 NA	Agent TLE REET / TY-ST- LE ME REET-/ TY-ST- LE ME	ADDRES	s required w	hen re	einstating)		PATE	D DIRI	ECTO: ange	RS IN 12 Addition
11. Pursuant office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PD CLEVENGER, JAMES P II. 1006 PINEAPPLE AVE NE PALM BAY FL 32905 SD CLEVENGER, ROSE MICHELE 1006 PINEAPPLE AVE NE	ent and title if ap	pplicable. (NCTORS DELETE	13. 1.1 Tr 1.2 NA 1.3 STI 2.1 TIT 2.2 NA 2.3 STF 2.4 CT 3.1 TITI 3.2 NA	Agent Agent LE REET / IY-ST- LE ME TY-ST- LE ME REET A	ADDRES -ZIP -ZIP -ZIP -ADDRES	s required w	hen re	einstating)		PATE	D DIRI	ECTO: ange	RS IN 12 Addition
11. Pursuant office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PD CLEVENGER, JAMES P II. 1006 PINEAPPLE AVE NE PALM BAY FL 32905 SD CLEVENGER, ROSE MICHELE 1006 PINEAPPLE AVE NE	ent and title if ap	pplicable. (NCTORS DELETE	13. 1.1 Tr 1.2 NA 1.3 STI 2.1 TIT 2.2 NAI 2.3 STI 3.4 CTI 3.1 TITI 3.2 NAI 3.3 STI	Agent TLE ME REET / TY-ST- LE ME TY-ST- LE ME REET A TY-ST- TY-ST- TY-ST- TY-ST- TY-ST- TY-ST- TY-ST-	ADDRES -ZIP -ZIP -ZIP -ADDRES	s required w	hen re	einstating)		PATE	D DIRI	ECTO: aange aange	RS IN 12 Addition
11. Pursuant office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered age OFFICERS AN PD CLEVENGER, JAMES P II. 1006 PINEAPPLE AVE NE PALM BAY FL 32905 SD CLEVENGER, ROSE MICHELE 1006 PINEAPPLE AVE NE	ent and title if ap	pplicable. (NC TORS DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 3.4 CIT 3.4 CIT 3.5 TAIL 3.5 TAIL 3.7	Agent TLE TLE TY-ST- LE ME REET / TY-ST- LE ME REET ATTY-ST- LE	ADDRES -ZIP -ZIP -ZIP -ADDRES	s required w	hen re	einstating)		PATE	D DIRI	ECTO: aange aange	RS IN 12 Addition Addition Addition
11. Pursuant office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PD CLEVENGER, JAMES P II. 1006 PINEAPPLE AVE NE PALM BAY FL 32905 SD CLEVENGER, ROSE MICHELE 1006 PINEAPPLE AVE NE PALM BAY FL 32905	ent and title if ap	pplicable. (NC TORS DELETE	13. 1.1 TiT 1.2 NA 1.3 STI 2.1 TIT 2.2 NA 2.3 STF 2.4 CIT 3.1 TITI 3.2 NA 3.3 STF 3.4 CIT 4.1 TITI 4.2 NA	Agent TLE ME REET / TY-ST- LE ME REET A TY-ST- LE ME TY-ST- LE ME ME TY-ST- LE ME	ADDRES -ZIP -ZIP -ZIP -ADDRES	s required w	hen re	einstating)		PATE	D DIRI	ECTO: aange aange	RS IN 12 Addition Addition Addition
11. Pursuant office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PD CLEVENGER, JAMES P II. 1006 PINEAPPLE AVE NE PALM BAY FL 32905 SD CLEVENGER, ROSE MICHELE 1006 PINEAPPLE AVE NE PALM BAY FL 32905	ent and title if ap	pplicable. (NC TORS DELETE DELETE	13. 1.1 TiT 1.2 NA 1.3 STI 2.1 TIT 2.2 NA 2.3 STF 2.4 CIT 3.1 TITI 3.2 NA 3.3 STF 3.4 CIT 4.1 TITI 4.2 NA	Agent TLE ME REET / TY-ST- LE ME REET A TY-ST- LE ME REET A REET A REET A	ADDRESS ADDRESS ADDRESS ADDRESS	s required w	hen re	einstating)		PATE	D DIRI	ECTO: aange aange	RS IN 12 Addition Addition Addition
11. Pursuant office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN PD CLEVENGER, JAMES P II. 1006 PINEAPPLE AVE NE PALM BAY FL 32905 SD CLEVENGER, ROSE MICHELE 1006 PINEAPPLE AVE NE PALM BAY FL 32905	ent and title if ap	pplicable. (NC TORS DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 2.1 TIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TITI 3.2 NA 3.3 STI 4.1 TITI 4.2 NA 4.3 STI 4.4 CIT 5.1 TITI 5.1 TITI 5.1 TITI	Agent ILE ME REET / IY-ST- LE ME REET A IY-ST- LE ME Y-ST- LE ME LE ME LE ME LE LE LE LE	ADDRESS ADDRESS ADDRESS ADDRESS	s required w	hen re	einstating)		PATE ERS AND	D DIRI	ECTO: aange aange aange	RS IN 12 Addition Addition Addition
11. Pursuant office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	Signature, typed or printed name of registered age OFFICERS AN PD CLEVENGER, JAMES P II. 1006 PINEAPPLE AVE NE PALM BAY FL 32905 SD CLEVENGER, ROSE MICHELE 1006 PINEAPPLE AVE NE PALM BAY FL 32905	ent and title if ap	pplicable. (NC TORS DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 2.1 TIT 2.2 NA 2.3 STF 2.4 CIT 3.1 TITI 3.2 NA 3.3 STF 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAN	Agent LE ME REET / LE ME REET / TY-ST- LE ME REET A TY-ST- LE ME REET A TY-ST- LE ME	ADDRESS - ZIP - ADDRESS - ZIP - ADDRESS - ZIP	s required w	hen re	einstating)		PATE ERS AND	D DIRI	ECTO: aange aange aange	RS IN 12 Addition Addition Addition
11. Pursuant office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN PD CLEVENGER, JAMES P II. 1006 PINEAPPLE AVE NE PALM BAY FL 32905 SD CLEVENGER, ROSE MICHELE 1006 PINEAPPLE AVE NE PALM BAY FL 32905	ent and title if ap	pplicable. (NC TORS DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 2.1 TIT 2.2 NA 2.3 STI 3.4 CIT 3.1 TITI 3.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NA 5.3 STA 5.3	Agent LE REET / NY-ST- LE ME REET A NY-ST- LE ME REET A NY-ST- LE ME REET A REET A	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS	s required w	hen re	einstating)		PATE ERS AND	D DIRI	ECTO: aange aange aange	RS IN 12 Addition Addition Addition
11. Pursuant office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PD CLEVENGER, JAMES P II. 1006 PINEAPPLE AVE NE PALM BAY FL 32905 SD CLEVENGER, ROSE MICHELE 1006 PINEAPPLE AVE NE PALM BAY FL 32905	ent and title if ap	pplicable. (NCTORS DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 2.1 TIT 2.2 NA 2.3 STF 2.4 CIT 3.1 TITI 3.2 NA 3.3 STF 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NA 5.3 STR 5.4 CITI 5.5 CITI 5.5 CITI 5.5 CITI 5.6 CITI 5.7 CITI	Agent LE REET / IY-ST- LE ME REET A IY-ST- IE	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS	s required w	hen re	einstating)		PATE ERS AND	D DIRI	ECTO: aange aange aange	RS IN 12 Addition Addition Addition
11. Pursuant office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN PD CLEVENGER, JAMES P II. 1006 PINEAPPLE AVE NE PALM BAY FL 32905 SD CLEVENGER, ROSE MICHELE 1006 PINEAPPLE AVE NE PALM BAY FL 32905	ent and title if ap	pplicable. (NC TORS DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 2.1 TIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TITI 4.2 NA 4.3 STE 4.4 CIT 5.1 TITI 5.2 NA 6.3 TITI 5.3 STE 6.1 TITI	Agent LE REET / Y-ST- LE ME REET A Y-ST- LE ME REET A Y-ST- LE ME REET A Y-ST- LE ME	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS	s required w	hen re	einstating)		PATE ERS AND	D DIRI	ECTO: aange aange aange	RS IN 12 Addition Addition Addition
11. Pursuant office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN PD CLEVENGER, JAMES P II. 1006 PINEAPPLE AVE NE PALM BAY FL 32905 SD CLEVENGER, ROSE MICHELE 1006 PINEAPPLE AVE NE PALM BAY FL 32905	ent and title if ap	pplicable. (NCTORS DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 2.1 TIT 2.2 NA 2.3 STF 2.4 CIT 3.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NA 6.3 STR 6.1 TITI 6.2 NAN	Agent LE REET / LE ME REET / LE ME REET A TY-ST- LE ME REET A Y-ST- LE ME REET A Y-ST- LE ME ME REET A ME REET A ME REET A ME REET A	ADDRESS ADDRESS ZIP ADDRESS ZIP	s s	hen re	einstating)		PATE ERS AND	O DIRI	ECTO: aange aange aange	RS IN 12 Addition Addition Addition Addition Addition
11. Pursuant office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN PD CLEVENGER, JAMES P II. 1006 PINEAPPLE AVE NE PALM BAY FL 32905 SD CLEVENGER, ROSE MICHELE 1006 PINEAPPLE AVE NE PALM BAY FL 32905	ent and title if ap	pplicable. (NCTORS DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 2.1 TIT 2.2 NA 2.3 STF 2.4 CIT 3.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NA 6.3 STR 6.1 TITI 6.2 NAN	Agent LE ME REET / LE ME REET A LE ME REET A LE ME REET A LE ME REET A ADDRESS ADDRESS ZIP ADDRESS ZIP	s s	hen re	einstating)		PATE ERS AND	O DIRI	ECTO: aange aange aange	RS IN 12 Addition Addition Addition Addition	

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 open attachment with an address with all other like empowered.

SIGNATURE:

AGNING COLORS SIGNING OFFICER OR DIRECTOR

-4072880121