

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90012 031 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000022875

Corporation Name
LAURELWOOD FLORIDA BUILDERS, INC.



| | |
|--|---|
| Principal Place of Business 4 GREYBROOK PLACE OLDSMAR FL 34677 | Mailing Address 1284 GREYBROOK PLACE OLDSMAR FL 34677 |
|--|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|-----------------------------|--|---------------------|--|---|--|
| Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/11/1998 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 59-3507614 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | | Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country | | Country | | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent TEW, ZINOBER, BARNES, ZIMMET & UNICE 2655 MCCORMICK DRIVE CLEARWATER FL 33759 | | | | 10. Name and Address of New Registered Agent | | | |
| 81 Name | | | | 85 Zip Code | | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | | | | FL | | | |
| 83 | | | | | | | |
| 84 City | | | | | | | |

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.

NATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|------------------------|--|---|---|
| DELETABLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ET ADDRESS | D CAVANAUGH, GREG | 1.2 NAME | |
| ST-ZIP | 1284 GREYBROOK PLACE OLDSMAR FL 34677 | 1.3 STREET ADDRESS | |
| DELETABLE | <input type="checkbox"/> DELETE | 1.4 CITY-ST-ZIP | |
| ET ADDRESS | D CAVANAUGH, MARY E | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ST-ZIP | 1284 GREYBROOK PLACE OLDSMAR FL 34677 | 2.2 NAME | |
| DELETABLE | <input type="checkbox"/> DELETE | 2.3 STREET ADDRESS | |
| ET ADDRESS | | 2.4 CITY-ST-ZIP | |
| ST-ZIP | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| DELETABLE | <input type="checkbox"/> DELETE | 3.2 NAME | |
| ET ADDRESS | | 3.3 STREET ADDRESS | |
| ST-ZIP | | 3.4 CITY-ST-ZIP | |
| DELETABLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ET ADDRESS | | 4.2 NAME | |
| ST-ZIP | | 4.3 STREET ADDRESS | |
| DELETABLE | <input type="checkbox"/> DELETE | 4.4 CITY-ST-ZIP | |
| ET ADDRESS | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ST-ZIP | | 5.2 NAME | |
| DELETABLE | <input type="checkbox"/> DELETE | 5.3 STREET ADDRESS | |
| ET ADDRESS | | 5.4 CITY-ST-ZIP | |
| ST-ZIP | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| DELETABLE | <input type="checkbox"/> DELETE | 6.2 NAME | |
| ET ADDRESS | | 6.3 STREET ADDRESS | |
| ST-ZIP | | 6.4 CITY-ST-ZIP | |

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.

SIGNATURE: SIGNATURE REQUIRED 9/1/99 (727) 786-6041

CR2E034 (5/99)