Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90180 044 ***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 # P98000028142

1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FLORIDA ARCHITECTURAL BOCK RESOURCE, INC.

120111011					····			
Principal Place	e of Business	Mailing Address						
2537 EGRET POND CIRCLE PALM CITY FL 34990		2537 EGRET POND CIRCLE PALM CITY FL 34990		DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed		
						03/24/1998		
⊢ −1 ′	ace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	lied For Applicable
21		Suite, Apt. #, etc.				62 COX 13 10	\$8.75 Ac	
Suite, Apt.	#, etc.	<u> </u>				5. Certificate of Status Desired	Fee Req	
City & State		City & State				& Floation Compaign Financing	\$5.00 N	
	5	28				6. Election Campaign Financing Trust Fund Contribution	Added to	
23	Country	Zip	Coi	untry		8. This corporation owes the current year Inta		
⊢ ¬ `	25 29			30		1		□No
24	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
	3. Haine and Address of Content	- Hogistorea Agent		81 Na	me		T	
DEVI	CO. FRANK J					(2.0.2		
2537 EGRET POND CIRCLE				82 St	eet Addre	ss (P.O. Box Number is Not Acceptable)		
PALM CITY FL 34990				83			,	
1								
				84 Cit	y	FL	85 Zip Co	ode
11 Purcuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statu	tes the s	bove-nar	ned corpo	ration submits this statement for the nurnose of a	hanging its r	egistered
office or n	egistered agent, or both, in the State	of Florida. Such change was	uthorize	d by the	orporation	n's board of directors. I hereby accept the appoin	ment as regi	stered
agent. I ai	m familiar with, and accept the obliga-	tions of, Section 607.0505, Fi	orida Stat	tutes.	7-17	1-10-1	30	
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable (NOT		d Agent skon:	ture required	when reinstating) DATE	<u> </u>	\
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12
TITLE	PS	☐ DELETE	1.1 T	1.1 TITLE			Change	☐ Addition
NAME	DEVICO, FRANK J		1.2 N	1.2 NAME				
STREET ADDRESS	2537 EGRET POND CIRCLE		138	TREET ADOR	ESS			
CITY-ST-ZIP	PALM CITY FL 34990				l l			
TITLE		_	140	CITY-ST-ZIP	}			Ì
NAME	VT	DELETE	1.4 C 2.1 T	TTLE			Change	Addition
18000	VT VOISELLE KENNETH	DELETE	2.1 T	TITLE			☐ Change	Addition
STOCET ADDRESS	VOISELLE, KENNETH	DELETE	2.1 T 2.2 N	TTLE IAME	ESS	,	Change	Addition
STREET ADDRESS	VOISELLE, KENNETH 93 IVY LANE	DELETE	2.1 T 2.2 N 2.3 S	TTLE JAME STREET ADDR	ESS		☐ Change	Addition
CITY-ST-ZIP	VOISELLE, KENNETH	DELETE	2.1 T 2.2 N 2.3 S	TTLE IAME STREET ADDR CITY-ST-ZIP	ESS	·	☐ Change	
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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.

6.1 TITLE

6.2 NAME

DELETE

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition