

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90057 040 ***150.00

DOCUMENT # **P98000039745**

1. Corporation Name
FLORIDABUILDERS.COM, INC.



Principal Place of Business
**39 NORTH RIDGEWOOD AVENUE
ORMOND BEACH FL 32174**

Mailing Address
**39 NORTH RIDGEWOOD AVENUE
ORMOND BEACH FL 32174**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 39 NORTH RIDGEWOOD AVE

2a. Mailing Address
26 Same

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23 ORMOND BEACH, FL

City & State
28

Zip
24 32174

Country
25 USA

Zip
29

Country
30

3. Date Incorporated or Qualified
04/30/1998

4. FEI Number
59-3525561

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent
**PALMER, JOSEPH STEVEN
39 NORTH RIDGEWOOD AVENUE
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

81 Name

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

83

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 **Joseph S. Palmer**

(NOTE: Registered Agent signature required when reinstating)

DATE **4-28-99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
PALMER, JOSEPH STEVEN
9 SAND POINT CIRCLE
ORMOND BEACH FL 32174**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VPTD
PALMER, SANDRA J
9 SAND POINT CIRCLE
ORMOND BEACH FL 32174**

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
PERROTTA, JOSHUA J
5320 GREYSTONE DRIVE
INVER-GROVE HEIGHTS MN 36077**

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

**VP
JOHN N. MASTROPIERRO
49 PLEASANT DRIVE
ORMOND BEACH, FL 32176**

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: **Joseph S. Palmer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-28-99**

Daytime Phone #

CR2E034 (11/98)