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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999		DIVISION OF CORPORATIONS
DOCUMENT # P98000044030 1. Corporation Name		
SUPERIOR BUILDERS, INC.		
· ·		
Principal Place of Business	Mailir	ng Address
1900 LAND O'LAKES BLVD SUITE 111 LUTZ FL 33549		LAND O'LAKES BLVD SUITE 111 FL 33549
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DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/13/1998 Applied For 2. Principal Place of Buşiness 2a. Mailing Address FEI Number 510 Not Applicable 26 \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible ☐ Yes 30 Personal Property Tax. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name EVANS, GERALD C 82 Street Address (P.O. Box Number is Not Acceptable) 1900 LAND O'LAKES BLVD., SUITE 141 **LUTZ FL 33549** 83 84 City Pring 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 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. P/D Change Addition DELETE 1.1 TITLE TITLE 1.2 NAME EVANS, GERALD C NAME 14118 Hwy 41 1900 LAND O'LAKES BLVD., 111 1.3 STREET ADDRESS STREET ADDRESS **LUTZ FL 33549** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 2.1 TITLE TITLE SURPLUS, HOWARD K 2.2 NAME NAME 14118 Hwy41 Spring Hill, F 1900 LAND O'LAKES BLVD., 111 2.3 STREET ADDRESS STREET ADDRESS **LUTZ FL 33549** 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE TTLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)