


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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99 OCT 28 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>Amended</i> 1. Corporation Name <i>P98000063640</i> <i>BNL Builders, Inc.</i>					
Principal Place of Business <i>278 Parker Farm Rd</i> <i>Wewahatchee, FL 32465</i>			Mailing Address <i>Same</i>		
2. Principal Place of Business 21 <i>Same as above</i>		2a. Mailing Address 26		4. FEI Number <i>59-3522059</i>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Zip 29		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country 25 <i>USA</i>		Country 30		3. Date Incorporated or Qualified	
9. Name and Address of Current Registered Agent <i>Sandra J. Parker Adkison</i> <i>278 Parker Farm Rd</i> <i>Wewahatchee, FL 32465</i>				10. Name and Address of New Registered Agent	
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.				81 Name	
SIGNATURE <i>Sandra Jane Parker Adkison</i>				82 Street Address (P.O. Box Number is Not Acceptable)	
(NOTE: Registered Agent signature required when reinstating)				83	
DATE <i>10-13-99</i>				84 City <i>FL</i> 85 Zip Code	
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION					
1.2 NAME <i>owner</i>					
1.3 STREET ADDRESS <i>Sandra Jane Parker Adkison</i>					
1.4 CITY-ST-ZIP <i>278 Parker Farm Rd</i>					
2.1 TITLE <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION					
2.2 NAME <i>900003043139--0</i>					
2.3 STREET ADDRESS <i>-11/12/99--01103--011</i>					
2.4 CITY-ST-ZIP <i>*****61.25 *****61.25</i>					
3.1 TITLE <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION					
3.2 NAME <i>Sec. of Treasure</i>					
3.3 STREET ADDRESS <i>Joseph W. Russell</i>					
3.4 CITY-ST-ZIP <i>110 Harrison Rd.</i>					
4.1 TITLE <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION					
6.2 NAME <i>KE</i>					
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: *Sandra Jane Parker Adkison*
Sandra Jane Parker Adkison

10/13/99 *(850) 639-4647*

CR2E034 (11/98)