


SECOND 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).

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 998000064690</b>					
1. Corporation Name <b>Specinc Purpose Building Inc</b>					

**FILED**  
**99 NOV -8 PM 1:53**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business <b>730 Clewwood Ave S</b>		Mailing Address <b>SAME</b>	
<b>Lehigh Acres FL 33936</b>			

2. Principal Place of Business 21 <b>730 Clewwood Ave S</b>		2a. Mailing Address 26 <b>730 Clewwood Ave S</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State 23 <b>Lehigh Acres FL</b>		City & State 28 <b>Lehigh Acres FL</b>	
Zip 24 <b>33936</b>		Zip 29 <b>33936</b>	
Country 25 <b>Lee</b>		Country 30 <b>Lee</b>	

3. Date Incorporated or Qualified <b>9/1/98</b>	
4. FEI Number <b>52-1808791</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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 <b>Russell WALTON</b> <b>730 Clewwood Ave South</b> <b>Lehigh Acres FL 33936</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 *Russell Walton* Registered Agent DATE 10/14/99  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>Russell E WALTON</b>
STREET ADDRESS	<b>730 Clewwood Ave S</b>
CITY-ST-ZIP	<b>Lehigh Acres FL 33936</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>000003046290--7</b>
2.4 CITY-ST-ZIP	<b>11/16/99-01092--008</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>****150.00 ****150.00</b>
3.4 CITY-ST-ZIP	
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 type="checkbox"/> 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.

SIGNATURE: *Russell Walton* DATE 941-368 9596  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (5/99)

**KE**

10/21/99

Special Purpose Building, Inc.  
730 Clemwood Ave. S  
Lehigh Acres, FL 33936

To whom it may concern,

On 10/14/99, I spoke with Mr. Stoner in reference to not receiving my Annual Report. I never received my renewal for the annual report for Special Purpose Building Inc. for reason being that my mail was not forwarded from my old address to my new address of 730 Clemwood Ave. S, Lehigh Acres, FL 33936. Mr. Stoner sent me another annual report to fill out and return it along with the fee of \$150.00.

Thank you for your cooperation,

Russell Walton