Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90018 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 # P98000068589

1. Corporation Name

GENESSEE CUSTOM STEEL HOMES, INC.

				_					
Principal Place	e of Business	Mailing Address				1 1241(251 (15 15)41 (311) 5541 5511	\$ 63141 0E110 0		10110 1011 1001
8433 SOUTHSIE	DE BLVD.	8433 SOUTHSIDE BLVD.	433 SOUTHSIDE BLVD.						
SUITE 2010 SUITE 2010						DO NOT WEIT	C IN THE	CDACE	
JACKSONVILLE FL 32256 JACKSONVILLE FL 32256					-	DO NOT WRIT	E IN THIS	SPACE	——————————————————————————————————————
					İ	3. Date Incorporated or Qualifed 08/01/1998			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		I Ap	plied For
	lace of business	26			}	99-3525782		<u> </u>	t Applicable
Suite, Apt.	# atc	Suite, Apt. #, etc.			-+	21 77 42 . 00		\$8.75	
22	n, 610.	27				5. Certifcate of Status Desired		Fee Re	
City & Stat		City & State				6. Election Campaign Financing		\$5.00	May Be
23	_	28				Trust Fund Contribution		Added t	
Zip	Country	Zip	Country			8. This corporation owes the curre	nt year inta	ıngible	
24	25	29	0			Personal Property Tax.	-		` X INo
	9. Name and Address of Curren	t Registered Agent	<u> </u>			10. Name and Address of New Ro	gistered /	Agent	
			81	Name					
SAG	er, ron		82	Street	Addrage	s (P.O. Box Number is Not Acceptat	nie)		
8433 SOUTHSIDE BLVD.			102) Silect,	Addiese	(.o. box (difficulty to the coopies	,,,		
SUIT	E 2010		83						
JACI	KSONVILLE FL 32256							Test 7in (2-4-
			84	City			FL	85 Zip (200e
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut tions of, Section 607.0505, Florid	horized by da Statutes	the corpo	orations	s board of directors. I nereby accept	tne appoin	manging its itment as re	registered gistered
	Signature, typed or printed name of registered ager			nt signature r	required wh	nen reinstating)	DATE	D DUDECTO	DO IN 42
12.		D DIRECTORS	13.	1		ADDITIONS/CHANGES TO OFF	ICERS ANI	Change	Addition
TITLE	P	☐ DELETE	1.1 TITLE					Clange	
NAME	SAGER, RON		1.2 NAME						
STREET ADDRESS	8433 SOUTHSIDE BLVD.		1.3 STREET						
CITY-ST-ZIP	JACKSONVILLE FL 32256		1.4 CITY-S	T-ZIP	-10	a 17		Change	Addition
TITLE		☐ DELETE	2.1 TITLE		CHO	DETT C WITHOUT		Change	₩ voorgon
NAME			2.2 NAME	,	GAK.	PRETT C. WTCWETL 13 SOUTHSIDE BLVD \$270	K		
STREET ADDRESS			2.3 STREET	ADDRESS					
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP		KSONVILLE, FL 322	<u> 56</u>	Chanca	Addition
TITLE		☐ DELETE	3.1 TITLE		उद्धर	RETINCUS S		☐ Change	Addition
NAME			3.2 NAME		577	ACY L'SAGER BLYOTH 20	10		
STREET ADDRESS			3.3 STREE	F ADDRESS	89	23 20417 200 200	,,,,		
CITY-ST-ZIP			3.4. CITY-5	T-ZIP	DAG	CSONVILLE FL 32256			
TITLE		☐ DELETE	4.1 TITLE			,		Change	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	ADDRESS	1				
CITY-ST-ZIP			4.4 CITY+S	T-ZIP					Lex
TITLE		☐ DELETE	5.1 TITLE					☐ Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP			5.4 CiTY-S	T-ZIP	ļ				
TITLE -		☐ DELETE	6.1 TITLE					☐ Change	Addition
NAME '	. .		6.2 NAME						
STREET ADDRESS			6.3 STREE	TADDRESS	1				

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 acceiver 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.

6.4 CITY+ST-ZIP

SIGNATURE: