FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED Sep 23, 1999 8:00 am Secretary of State **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION **Katherine Harris** ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 09-23-1999 90001 047 ***158.75 1999 DOCUMENT # 1. Corporation Name Florida Building Systems, INC. 618953 - 90001 - 47 Principal Place of Business 4950 Fruitville Road SAVASOTA, Fla. 34232 DO NOT WRITE IN THIS SPACE 2a. Mailing Address B. O. Box 7476 Applied For 63-70 Estan Fryderd 4 128 Suite, Apt. #, etc. Not Applicable Suite, Apt_#, etc. \$8.75 Additional 5. Certifcate of Status Desired X Fee Required 22 6. Election Campaign Financing \$5.00 May Be \Box Added to Fees 23 Trust Fund Contribution Country 8. This corporation owes the current year Intangible KS U.T Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Thomas F. Brown 4950 Fruitville Road Street Address (P.O. Box Number is Not Acceptable) AMERICANA SAVASOFA, FIA. 34L32 Zip Code 3LF39 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 borrow directors hereby accept the appointment as registered agent. I am familiar with and accept the obtaining the corporation of the corporat Verve 1999 ared Agank signam o required when rej SIGNATURE ADDITIONS/C. NGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. DELETE Director 1.1 TITLE TITLE 12 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP [] Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 4.1 TITLE TITLE NAME 4. 2 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 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TTLE □ Change Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 peport 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 ecceiver of the telephone of the ecceiver of the e Block 12 or Block 13 if changed, orion an attachme address, with all other like empowered.

SIGNATURE:

NING OFFICER OR DIRECTOR

Tuly 24 1999 340-775-7504

P. O. BOX 7476 - 63-70 ESTATE FRYDENDAHL - ST. THOMAS, U. S. V. I. 00801 PHONE 340-775-7504

August 25, 1999

Florida Department of State

Annual Reports Filings
Division of Corporations
P. O. Box 1500
Tallahassee, Fl. 32302-1500

Dear Sir/Madam,

Enclosed please find our Corporation Annual Report, we relocated our business to St. Thomas and did not receive our annual report for filing. Please excuse the corrections on the form unfortunately we had to make changes in our mailing address and registered agent address.

Sincerely,

Donna E. Henley, President