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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000084283

1. Corporation Name

58 BUILDERS, INC.

Principal Place of Business

697 BEACH AVENUE ATLANTIC BEACH FL 32233

697 BEACH AVENUE ATLANTIC BEACH FL 32233

Mailing Address

Sep 01, 1999 8:00 am Secretary of State

09-01-1999 90025 031 ***150.00 09-01-1999 90025 032 ***400.00



DO NOT WRITE IN THIS SPACE

| | | | | | | | - 3 | 3. Date Incorporat | ed or Qualifed | | | |
|--|--------------------------------|-----------------|---------------------|--|-----------------------|--|----------------------------------|------------------------------------|----------------|----------------|----------|-----------------|
| | | | | | | | | 09/30/1998 | | | | |
| 2. Principal P | lace of Business | | 2a. Mailing Address | | | | 4 | 4. FEI Number | | | Ap | plied For |
| 21 | | | 26 | | | | | 59-353558 | 32 | | No | t Applicable |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | Π. | 5. Certifcate of Sta | itus Desired | | \$8.75 | |
| 22 | | | 27 | | | | | | itus Desired | | Fee Re | quired |
| City & Stat | e | City & State | | | | 6 | Election Campa | ign Financing | ' n | \$5.00 | May Be | |
| 23 | | | 28 | | | | | Trust Fund Con | tribution | | Added | o Fees |
| Zip | Cour | ntry | Zip | | Country | 1 | 8 | This corporation | owes the cu | rrent year Int | | _ |
| 24 | 25 | 29 30 | | | | Personal Property Tax. Yes No | | | | | | |
| | 9. Name and Add | ress of Current | | 10. Name and Address of New Registered Agent | | | | | | | | |
| NULAND. CHRISTOPHER L | | | | | | ⁸¹ Name Dennis E. Hayes | | | | | | |
| | RIVERSIDE AVENU | 82 Street Ad | | | | ddress (P.O. Box Number is Not Acceptable) | | | | | | |
| | (SONVILLE FL 322) | | | | 233 | 233 E. Bay St., Suite 620 | | | | | | |
| JACT | SOUNILLE PL 3220 | 83 | | | l . | | | | | | | |
| | | | | | 84 | City | | | | | 85 Zip | Code |
| | , | | | | Ì | , | | ksonville_ | | FL | - 1 | Code 02-3447 |
| 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. Lam familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. | | | | | | | | | | | | |
| SIGNATURE SIGNATURE 800 PM | | | | | | | | | | | | |
| | Signature, typed or printed na | | | | gistered Age | nt signature requ | uired wher | | | | | |
| 12. | | OFFICERS AND | DIRECTORS | | 13. | | | ADDITIONS/CHA | NGES TO O | FFICERS AN | | |
| TITLE | D | | / | ☐ DELETE | 1.1 TITLE 1.2 NAME | | | | | | Change | Addition |
| NAME | GEUTHER, STEVEN R | | | | | İ | | | | | | |
| STREET ADDRESS | 697 BEACH AVENUE | | | | | T ADDRESS | | | | | | |
| CITY-ST-ZIP | ATLANTIC BEACH | FL 32233 | | | 1.4 CITY-S | T-ZIP | | | | ·· -·· | | |
| TITLE | | | | ☐ DELETE | 2.1 TITLE | Ì | | | | | Change | Addition \ |
| NAME | • | | | | 2.2 NAME | | | | | | | 1 |
| STREET ADDRESS | | | | | 2.3 STREE | TADORESS | | | | | | 1 |
| CITY-ST-ZIP | | | | | 2.4 CITY-5 | ST-ZIP | | | | | <u>.</u> | |
| TITLE | - | | | ☐ DELETE | 3.1 TITLE | | | | | | ☐ Change | ☐ Addition |
| NAME | | | | | 3.2 NAME | | | | | | | |
| STREET ADDRESS | | | | | 3.3 STREE | TADDRESS | | | | | | Į |
| CITY-ST-ZIP | | | | | 3.4. CITY-5 | ST-ZIP | | | | | | |
| TITLE | _ | | | ☐ DELETE | 4.1 TITLE | | | | | | ☐ Change | ☐ Addition |
| NAME | | | | | 4. 2 NAME | | | | | | | İ |
| STREET ADDRESS | | | | | 4.3 STREE | TADDRESS | | | | | | |
| CITY-ST-ZIP | | | ···- | | 4.4 CITY-S | T-ZIP | | | | · | | |
| TITLE | | | | ☐ DELETE | 5.1 TITLE | | | | | | Change | ☐ Addition |
| NAME | | | | | 5.2 NAME | ļ | | | | | | (|
| STREET ADDRESS | | | | | 5.3 STREE | TADDRESS | | | | | | 1 |
| CITY-ST-ZIP | | | | | 5.4 CITY-S | T-ZIP | | | | | | |
| TITLE | | <u> </u> | | ☐ DÉLETE | 6.1 TITLE | Ţ | | _ | | | Change | ☐ Addition |
| NAME | | | | | 62 NAME | j | | | | | | Ì |
| STREET ADDRESS | | | | | 6.3 STREE | TADDRESS | | | | | | } |
| CITY-ST-ZIP | | | | | 6.4 CITY-S | T- 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 the 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 to stee exposured to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on a stage must with an officer.

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR