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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

## Feb 24, 1999 8:00 am Katherine Harris Secretary of State Secretary of State

02-24-1999 90095 039 \*\*\*150.00

**FILED** 

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## DOCUMENT # P98000097500

STRUCTURED OBJECT BUILDERS, INC.

Principal Place of Business

Mailing Address

554 GOLDEN GATE POINT #7

554 GOLDEN GATE POINT #7 SARASOTA FL 34236

SARASOTA FL 34236 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/16/1998 Applied For 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Not Applicable 2304 RINGING BIVD 2304 RINGlING BLUD 26 \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required #212 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing П Added to Fees Sarasota Trust Fund Contribution 28 8. This corporation owes the current year Intangible Country Country No. USA USA Personal Property Tax. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FEATHER, BOBBY J Street Address (P.O. Box Number is Not Acceptable) 82 554 GOLDEN GATE POINT #7 SARASOTA FL 34236 83 84 Zip Code City

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	Signature, typed or printed name of registered agent and title if applicable (NOTE: R	egistered Agent signature re	equired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DELETE	1.1 TITLE	PRESIDENT	Change	<b>∑</b> Addition
NAME		1.2 NAME	BOBBY J. FEATHER 2304 Ringling BLUD #212 Sarasuta, FI 34237		İ
STREET ADDRESS		1.3 STREET ADDRESS	230 4 RINGling BLUB A 212		
CITY-ST-ZIP	_	1.4 CITY-ST-ZIP	Sarasita, F1 34237		
TITLE	☐ DELETE	2.1 TITLE		Change	Addition \
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS	•		- 1
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		<del></del>	
TITLE	☐ DELETE	3.1 TITLE		Change	Addition
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TITLE	☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME		5.2 NAME			ļ
STREET ADDRESS		5.3 STREET ADDRESS			ľ
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME		6.2 NAME			ĺ
STREET ADDRESS		83 STREET ADDRESS			{
CITY-ST-ZIP		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 arreddress, with all other like empowered.

SIGNATURE: