**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000107320

1. Corporation Name

DÉ JONG & LAMBERT CUSTOM BUILDERS, INC.

Principal Place	e of Business	Mailing Address					4011; 10000 11110	11811 8811 (491
12903 SE DAVID	DR.	12903 SE DAVID DR.						
LAKE SUZY FL 34266		LAKE SUZY FL 34266			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		
						12/24/1998		\
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	I A	pplied For
21	, add 01 Buomes	26				59-3545849		lot Applicable
Suite, Apt.	#, etc.	_ Suite, Apt.,#, etc	_===			5. Certificate of Status Desired	\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee R	tequired
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country Zip		Cou	ntry		8. This corporation owes the current year I		od.
24	25	29	30			Personal Property Tax.	Yes	ØNo
	9. Name and Address of Curre	nt Registered Agent		04	A1	10. Name and Address of New Registered	d Agent	
DAKS	C DAME K			81	Name			
	S, DAVID K N'EST MARION AVE			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	TA GORDA FL 33950							
PUNI	A GUNDA FL 33930			83				ļ
				84	City	-	85 Zip	Code
	····			LL		F		
- 11.=Pursuant- office or r	to the provisions of Sections 607:050 registered agent, or both, in the State	02:and 607:1508;Florida:Stat e of Florida. Such change was	utes, the a authorized	bove-i by th	-named corp he corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as r	egistered =
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Stati	utes		• • • • • • • • • • • • • • • • • • • •		
SIGNATURE								
						DATE:		
	Signature, typed or printed name of registered age		<del></del>	Agent s	signature require	d when reinstating) DATE	ND DIRECT	ORS IN 12
12.	OFFICERS A	ND DIRECTORS	13.		signature require	nd when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	AND DIRECT	
TITLE	OFFICERS A		<b>13.</b> 1.1 Π	πE	signature require			
TITLE .	DP DE JONG, BEN C	ND DIRECTORS	13. 1.1 TI 1.2 N/	TLE AME				
NAME STREET ADDRESS	DP DE JONG, BEN C 12903 SE DAVID DR.	ND DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST	TLE AME REET A	ADDRESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AI DP DE JONG, BEN C 12903 SE DAVID DR. LAKE SUZY FL 34266	ND DIRECTORS	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CI	TLE AME REET A TY-ST-2	ADDRESS			☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AI DP DE JONG, BEN C 12903 SE DAVID DR. LAKE SUZY FL 34266 DST	ND DIRECTORS	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT	TLE TREET A TY-ST-	ADDRESS		Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AI DP DE JONG, BEN C 12903 SE DAVID DR. LAKE SUZY FL 34266 DST LAMBERT, PAUL C	ND DIRECTORS	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/	TLE AME TY-ST-Z TLE AME	Address . Zip		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DP DE JONG, BEN C 12903 SE DAVID DR. LAKE SUZY FL 34266 DST LAMBERT, PAUL C 602 VERONA	ND DIRECTORS	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST	TLE TREET AT TY-ST-2 TLE TME TREET AT TREET AT TREET AT TREET AT	AODRESS		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AI DP DE JONG, BEN C 12903 SE DAVID DR. LAKE SUZY FL 34266 DST LAMBERT, PAUL C	ND DIRECTORS	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C	TLE TREET ATTY-ST-2 TLE TREET ATTY TREET ATTY-ST-2 TREET ATTY-ST-2	AODRESS		Change	☐ Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	DP DE JONG, BEN C 12903 SE DAVID DR. LAKE SUZY FL 34266 DST LAMBERT, PAUL C 602 VERONA PT. CHARLOTTE FL 33948	ND DIRECTORS  DELETE  DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.3 ST	ILE  TREET AME  REET AME  REET AME  TITY-ST-  TLE  AME  REET AME  TREET A  TITY-ST-  TLE  TLE  TLE  TLE  TLE  TLE  TLE  T	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP		☐ Change ☐ Change ☐ Change	☐ Addition ☐ Addition ☐ Addition ☐ Addition ☐ Addition
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6.4 CITY-ST-ZIP

SIGNATURE:

officer or director of the corporation or the receiver Block 12 or Block 13 if changed, or or an attachm

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 hat 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 impowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90054 030 \*\*\*150.00