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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90145 011 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S05158

1. Corporation Name
BERMUDA BUILDERS, INC.



Principal Place of Business

Mailing Address

**600 N THACKER AVE
#A-25
KISSIMMEE FL 34741
US**

**600 NO THACKER AVE
#A-25
KISSIMMEE FL 34741
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1990

4. FEI Number

59-3028773

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒

Yes ☐ No

2. Principal Place of Business

21 8223 MARA VISTA AVE

Suite, Apt. #, etc.

22

City & State

23 ORLANDO FL

Zip

24 32862

Country

25 US

2a. Mailing Address

26 PO BOX 621145

Suite, Apt. #, etc.

27

City & State

28 ORLANDO FL

Zip

29 32862

Country

30 US

9. Name and Address of Current Registered Agent

**JONES, WILEY E.
600 N THACKER AVE #A-25
KISSIMMEE FL 34741**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1809 W. VIRGINIA AVE

83

84 City

KISSIMMEE

FL

85 Zip Code

34744

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.

WILEY JONES, President

2-1-99

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**TITLE D
NAME JONES, WILEY E
STREET ADDRESS 600 N THACKER AVE ST#A-25
CITY-ST-ZIP KISSIMMEE FL**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**1809 WEST VIRGINIA AVE
KISSIMMEE, FL 34744**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 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 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 an address, with all other like empowered.

SIGNATURE: WILEY JONES, President 2-1-99 (407)857-8272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0504816