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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 14 1998 8:00am

Secretary of State

813 862 4699

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

S34665

(7)

NUWORLD BUILDING CONTRACTORS, INC.

Principal Plac	e of Business	Maling Address		
NUWORLD BI	UILDING CONTRACTORS INC	NU WORLD BUILDING CO	NTRACTORS INC.	
6315 FJORD WAY		6315 FJORD WAY		DO NOT HIDITE IN THIS COACE
NEW PORT RICHEY FL 34652		NEW PORT RICHEY FL 34	652	DO NOT WRITE IN THIS SPACE
US		U\$		3. Date Incorporated or Qualified
9 Principal P	lace of Business	2a. Mailing Address		02/25/1991 4. FEI Number   Applied For
	INCO OF DUSINESS	<b>├</b> ¬		11.5511001101
21 Sulte, Apt.	# atc	26 Suite, Apt. #, etc.		59-3059202   Not Applicable
22	4.0	27		5. Certificate of Status Desired Section Section 5. Section 5. Section 5. Section 5. Section 5. Section 5. Section 6. Sec
City & Stat	8	City & State	<del></del>	
23	-	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	7 <sub>1</sub> p	Country	8. This corporation owes or has paid the current year Intangible
24	25	<u>⊢</u>	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr		<del></del>	10. Name and Address of New Registered Agent
LONGNECKER, SAMUEL C 81 Name				
ONE PLOND WAY			82 Street Addr	rose (D.O. Boy Number in Net Acceptable)
	W PORT RICHEY FL 34652		62 Street Addr	ress (P.O. Box Number is Not Acceptable)
	. ,		83	
			84 City	FL 85 Zip Code
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 little if applicable (NOTE	Registered Agent signature reciulr	red when reinstating) DATE
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.3 TITLE	Change Addition
NAME	LONGNECKER, SAMUEL C	•	1.2 NAME	
STREET ADDRESS	678 OAKWOOD DRIVE		1.3 STREET ADDRESS 6	827 Gull LANG HUSSON, FL 34667
CITY-ST-ZIP	DUNEDIN FL		1.4 CITY-S1-ZIP	TUSSON, FL 34667
TITLE		DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2 4 CITY-ST-ZIP	
		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE	<del></del> -	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
14. I hereby o	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 re-shall have the same legal effect us if made under path; that I am an
Indicated on this armual 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.				