

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90193 047 ***150.00

DOCUMENT # V00255

1. Corporation Name

PROFESSIONAL HOME BUILDERS, INC.



Principal Place of Business

198 OLD OAK CIR
PALM HARBOR FL 34683
US

Mailing Address

198 OLD OAK CIR
PALM HARBOR FL 34698
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1991

4. FEI Number

59-3113257

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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 2830 Swan Cir.

Suite, Apt. #, etc.

22

City & State

23 Dunedin FL
24 34698 25 Pinellas

Zip

Country

9. Name and Address of Current Registered Agent

ROBINSON, GERALD
198 OLD OAK CIRCLE
PALM HARBOR FL 34683

2a. Mailing Address

26 2830 Swan Cir.

Suite, Apt. #, etc.

27

City & State

28 Dunedin FL
29 34698 30 Pinellas

Zip

Country

10. Name and Address of New Registered Agent

81 Name

same

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

2830 SWAN CIRCLE

83

84 City

DUNEDIN

FL

85 Zip Code

34698

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE
NAME ROBINSON, GERALD A.
STREET ADDRESS 198 OLD OAK CIR
CITY-ST-ZIP PALM HARBOR FL

TITLE VD ☐ DELETE
NAME ROBINSON, LAWRENCE W.
STREET ADDRESS 158 OLD OAK CIRCLE
CITY-ST-ZIP PALM HARBOR FL

TITLE SD ☐ DELETE
NAME ROBINSON, JUDITH A.
STREET ADDRESS 198 OLD OAK CIRCLE
CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0499621