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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V03367 1. Corporation Name

BUILDERS MODEL HOME FURNITURE, INC.

FILED Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90018 015 ***150.00



Mailing Address Principal Place of Business 923 S. TAMIAMI TRAIL 923 S. TAMIAMI TRAIL NOKOMIS FL 34275 NOKOMIS FL 34275 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/27/1991 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0307609 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SMITH, JEFFREY J. Street Address (P.O. Box Number is Not Acceptable) 923 S. TAMIAMI TRAIL **NOKOMIS FL 34275** 83 Zip Code 84 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE ☐ Change 1.1 TITLE TITLE SMITH, JEFFREY J. 12 NAME NAME 923 S. TAMIAMI TRAIL STREET ADDRESS 1.3 STREET ADDRESS NOKOMIS FL 34275 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Addition 2.1 TITLE TITLE KRONBERG, CHARLES 2.2 NAME NAME 3312 MAYFLOWER ST 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 3.1 TITLE gg ror. 3.2 NAME NAME 1 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF ☐ DELETÉ ☐ Change ☐ Addition 517ITE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition TITLE DELETE 6.2 NAME NAME 6.3 STREET ADDRESS 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:

CITY-ST-ZIP

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