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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V15314

treasure coast general builders. Inc.

Principal Place of Business Mailing Address 5249 SE HORSESHOE ST. 5249 SE HORSESHOE PT. STUART FL 34997 STUART FL 34997 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/18/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0323442 Not Applicable 21 26 Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible X Yes □ No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KOEBE, BRUCE A. 81 Name 2477 NE DIXIE HWY Street Address (P.O. Box Number is Not Acceptable) JENSEN BEACH FL 34957 83 84 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition STALLINGS, DEBORAH NAME 1.2 NAME 5249 SE HORSESHOE PT. RD. STREET ADDRESS 1.3 STREET ADDRESS STUART FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE STALLINGS, JOHN NAME 22 NAME 5249 SE HORSESHOE PT. RD. STREET ADDRESS 23 STREET ADDRESS STUART FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change 4.1 TITLE ■ Addition TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TO LE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHTY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 whanged, or on an attachment with an address.

FILED

Mar 27 1998 8:00am

Secretary of State