FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90234 022 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

•	1999	DIVISION OF C	ORPORATIONS	04-23-1999 90234 022 ***150.00
DOCUMENT # V38179 1. Corporation Name				
FIVE FLAGS BUILDERS, INC.				
Principal Place	e of Business	Mailing Address		6 (MA) (Brittes titt i Mitt titt tatte ibn bratt bibit eren eren eren eren
216 KEYSER LA	NE	216 KEYSER LANE		
PACE FL 32571		PACE FL 32571		DO NOT WRITE IN THIS SPACE
US	•	US		3. Date Incorporated or Qualified
		•		05/21/1992
2. Principal Place of Business 2a. Mailing		2a. Mailing Address		4. FEI Number Applied For
21		26		59-3121525 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22	·	27		ree Required
City & State	B. C.	City & State		6. Election Campaign Financing \$5.00 May Be
23		28	Country	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.
24	9. Name and Address of Curre		30	10. Name and Address of New Registered Agent
	Marito aria Addiesa of warre		81 Nam	
WILLARD, LARRY A				eet Address (P.O. Box Number is Not Acceptable)
216 KEYSER LANE			82 Stre	set Address (P.O. Box Number is Not Acceptable)
PACE FL 32571			83	
			84 City	85 Zip Code
				FL
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				
oπice or re agent. La	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607,0505, Flori	ida Statutes.	orporation's board of directors. This bay accept the appointment as registeres
SIGNATURE	* ** * <u>*</u>			
12.	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: ND DIRECTORS	Registered Agent signat. 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD OFFICERS AI	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WILLARD, LARRY A	_	1.2 NAME	
STREET ADDRESS	216 KEYSER LANE		1.3 STREET ADDRE	ESS
CITY-ST-ZIP	PACE FL		1.4 CITY-ST-ZIP	
TITLE	VST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLARD, SUSAN E		2.2 NAME	
STREET ADDRESS	216 KEYSER LANE		2.3 STREET ADDRE	ESS
CITY-ST-ZIP	PACE FL 32571		2. 4 CITY-ST-ZIP	
TITLE	Value made on many ser	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WILLARD, CHAD A.		3.2 NAME	
STREET ADDRESS	216 KEYSER LANE		3.3 STREET ADDRE	ESS
CfTY-ST-ZIP	PACE FL	☐ DELETE	3.4. CITY-ST-ZIP	Change Addition
TITLE		L) beleic	4.1 TITLE 4.2 NAME	
NAME			4.2 NAME 4.3 STREET ADDRE	zee i
STREET ADDRESS			4.4 CITY-ST-ZIP	
CITY-ST-ZIP	• .	☐ DELETE	5.1 TITLE	Change Addition
NAME	•	_	5.2 NAME	İ
STREET ADDRESS			5.3 STREET ADDRE	ESS
CITY-ST-ZIP	• • •		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS		•	6.3 STREET ADDRE	ESS (

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.

6.4 CITY-ST-ZIP

SIGNATURE: