Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90079 004 ***150.00

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

DOCUMENT # MAGO

1. Corporation Name								
C & S BUILDING AND REMODELING, INC.								
Outb	DIEDING AND HEMODEEIN	a, 1110·			A HORALI ARRENT MIZITA HIBAD HÄND IS	JIA AIII BIAII BIA	AN BOBBI BOBBI B	(8) B(8) (8)
Principal Place	of Business	Mailing Address	•		T 40013 Dividit Manual sinon trium ta		itt Bibli Aibli a	1011 01811 1901
2431 E. BURR OAK CT. 2431 E BURR OAK CT								
SARASOTA FL 34232 SARASOTA FL 34232								
US US					DO NOT WRI	TE IN THIS S	PACE	
					3. Date Incorporated or Qualifed 06/04/1992			
Principal Place of Business 2a. Mailing Address					4. FEI Number		App	plied For
21	26			59-3127994			t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75 A	
22 27				<u> </u>	·		Fee Re	-
City & State	ty & State City & State				6. Election Campaign Financing		\$5.00	- 1
23	28				Trust Fund Contribution		Added to) Fees
Zip	Country	Zip	Country	,	8. This corporation owes the curr			□No
24	25	29 3	0		Personal Property Tax. 10. Name and Address of New I			
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New I	tegistorea A	gen	
SMALLWOOD, ROBERT T II								
1715 STICKNEY PT. RD.			82	Street Add	dress (P.O. Box Number is Not Accept	able)		į
STE. B-8			83	 				
SARASOTA FL 34231			00					
0/48/00///12 0/201			84	City		FL	85 Zip C	ode
office or re agent. I ar	egistered agent, or both, in the State on the state of the cooling at a state of the cooling at	of Florida. Such change was autions of, Section 607.0505, Florid	norized by la Statutes	the corporal	poration submits this statement for the tion's board of directors. I hereby acce	purpose of c	hanging its tment as reg	registered gistered
1	Signature, typed or printed name of registered agent		13.	nt signature requi	red when reinstating) ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12
12.	OFFICERS AN	D DIRECTORS DELETE	1.1 TITLE	Г	ADDITIONS/CITATOES TO CI	TIOLINO AINE	Change	Addition
TITLE	DACHADA D CHDICTODUED	C DELETE	1.2 NAME				_ +··-··g-	-
NAME	AMA PURP ON COURT FACT			T +0000000				i
STREET ADDRESS	•		1	TADDRESS				
CITY-ST-ZIP	SARASOTA FL	□ DELETE	1.4 CITY-S 2.1 TITLE	51-ZIP			Change	Addition
TITLE .	D CHARA CHOAN D		2.1 MLE					
NAME	BASHARA, SUSAN D. 2431 BURR OAK COURT EAST		1	TADDRESS	•			
STREET ADDRESS	CADACOTA FI			1				
CITY-ST-ZIP	SANASOTA FL	□ DELETE	2.4 CITY-:	51-ZIP			Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			4	T ADDRESS				
			3.4. CITY-	}				
CITY-ST-ZIP		DELETE	4.1 TITLE		····		☐ Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS	• •			T ADDRESS				
			4.4 CITY-S					
CITY-ST-ZIP		DELETE	5.1 TITLE	-,			☐ Change	☐ Addition
NAME		_ ,	5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP				
3011-30-ZIF		- Contract	61 TITLE				Change	☐ Addition

CITY-ST-ZIP of on supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 ation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in dor on an attachment with an address, with all other like empowered. 14. I hereby certify that the informa indicated on this annual report officer or director of the o

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS