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 # V69921

1. Corporation Name

TARGET BUILDERS, INC.

Principal Place	of Business	М	ailing Address						
2043 W FIRST ST			2043 W FIRST ST						
FT MYERS FL 33901			FT MYERS FL 33901				DO NOT WRITE IN THIS SPACE		
US	•	U	US				3. Date Incorporated or Qualifed		
							10/09/1992		
2. Principal Pl	ace of Business	2a	. Mailing Address				4. FEI Number Applied F	ог	
21			26				65-0362660 Not Appl	icable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additio		
22			27				Fee Required		
City & State			City & State				6. Election Campaign Financing \$5.00 May Be		
23			28				Trust Fund Contribution Added to Fees		
Zip			Zip Cour		ntry		8. This corporation owes the current year Intangible	1	
24		29		30			Personal Property Tax. Yes No		
	9. Name and Address of Current	Regi	stered Agent		81	Name	10. Name and Address of New Registered Agent		
ADKI	INIC CTEVEN D				"	Name	·		
adkins, steven D. 1246 Canterbury Dr						2 Street Address (P.O. Box Number is Not Acceptable)			
FT MYERS FL 33901									
FIW	11EN3 1 E 3330 1				83			_}	
					84	City	FL 85 Zip Code		
					Щ			orad	
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Flori	da. Such change was a	authorized	1 by∶	the corp	d corporation submits this statement for the purpose of changing its regist poration's board of directors. I hereby accept the appointment as registers	ed	
SIGNATURE								_	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered					Agen	t signature r	e required when reinstating) DATE ADDITIONAL OF THE PROPERTY	<u> </u>	
12.		AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	Addition 3		
TITLE	OP		☐ DEFE IE	1.1 TI			- Constraint - Con	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME	ADKINS, STEVEN D.			1.2 N				8	
STREET ADDRESS	,		· ·		3 STREET ADDRESS		5	L	
CITY-ST-ZIP	FT MYERS FL			1.4 CITY-ST-ZIP		C. T	Addition C		
TITLE	\$		☐ DELETE				121	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME	ADKINS, DALE R.				AOKINS, DALE R. 8 4230 SE 20# Place				
STREET ADDRESS	4230 SE 20TH PLACE					ADDRESS		j	
CITY-ST-ZIP	CAPE CORAL FL			2.4 CITY-ST-ZIP 3.1 TITLE		CAPE COLAL, FL	Addition		
TITLE	S-						Addition		
NAME				3.2 NAME		Newton, Bladford 2760 Rhode Island Ave.			
STREET ADDRESS	2043 W FIRST ST					ADDRESS	S 2 160 Khozie 15/15/1	ļ	
CITY-ST-ZIP	FT MYERS FL		N DELETE	_	ITY-S	T-ZiP	FOCT MYECS! FL	Addition	
TITLE	V		DELETE	4.1 T			Change [1	
NAME	HENRY, BRADLEY N.			1	AME				
STREET ADDRESS	4202 SW 14TH PL			4.3 S	TREET	ADDRESS	S	Ì	
CITY-ST-ZIP	CAPE CORAL FL			_	ITY-SI	r-ZIP	Change □	Addition	
TITLE			☐ DELETE	5.1 T			☐ Change ☐	Addition	
NAME				5.2 N			,	Ì	
STREET ADDRESS						ADDRESS	8		
CITY-ST-ZIP					TY-SI	- ZiP		Addition	
TITLE			☐ DELETE	6.1 T			☐ Change ☐	Addition	
NAME				6.2 N					
CEDEET ADDRESS	1			■ 6.3 S	IREET	ADDRESS	8		

SIGNATURE:

CITY-ST-ZIP

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 supplimental 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 given attachment with an address, with all other like empowered.

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90155 005 ***150.00