

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000088397

**Entity Name:** BUILDER SERVICES GROUP, INC.

**Current Principal Place of Business:**

475 N. WILLIAMSON BLVD.  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

475 N. WILLIAMSON BLVD.  
DAYTONA BEACH, FL 32114 US

**FEI Number: 59-3214406**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, COO  
Name            BUCK, ROBERT  
Address        475 N. WILLIAMSON BLVD.  
City-State-Zip: DAYTONA BEACH FL 32114

Title            EVP, DIRECTOR  
Name            PETERSON, JOHN  
Address        475 N. WILLIAMSON BLVD.  
City-State-Zip: DAYTONA BEACH FL 32114

Title            VP OF TAX  
Name            PROCTOR, JEFFERY  
Address        475 N. WILLIAMSON BLVD.  
City-State-Zip: DAYTONA BEACH FL 32114

Title            DIRECTOR, TREASURER  
Name            SELLEW, GEORGE  
Address        475 N. WILLIAMSON BLVD.  
City-State-Zip: DAYTONA BEACH FL 32114

Title            VPF, CORP CONTROLLER  
Name            KUHNS, ROBERT  
Address        475 N. WILLIAMSON BLVD  
City-State-Zip: DAYTONA BEACH FL 32114

Title            SECRETARY  
Name            JACUMIN, JR., WALTER JOE  
Address        475 N. WILLIAMSON BLVD  
City-State-Zip: DAYTONA BEACH FL 32114

Title            VP  
Name            HUBBARD, RALPH  
Address        475 N. WILLIAMSON BLVD.  
City-State-Zip: DAYTONA BEACH FL 32114

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: WALTER JOE JACUMIN, JR.**

**SECRETARY**

**01/16/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date