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Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90103 021 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$80520

1. Corporation Name

PABCU	RUILDEHS, INC.					ļ			
Principal Place	e of Business	Mailing Address					4 10821013 (53 2021) 46101 01130 11011 4012 BIDEI	DIGIL GIBLI DIBIL 1	1811 81811 1881
2157 LEMON STREET 2157 LEMON STREET									
DELAND FL 32720 DELAND FL 32720								0.004.05	
						L	DO NOT WRITE IN THI	S SPACE	
							3. Date Incorporated or Qualifed		
							09/16/1991 4. FEI Number		aliced For
2. Principal P	lace of Business	2a. Mailing Address	Mailing Address			'	59-3089663	<u> </u>	plied For t Applicable
21 26							23-2003003	\$8.75	* * * * * * * * * * * * * * * * * * * *
Suite, Apt.	#, etc.	 	Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Re	
City & Stat		City & State	City & State			-+	6. Election Campaign Financing	\$5.00	
— '	e		28				Trust Fund Contribution	Added t	-
23	Country	Zip	Cou	ıntry			8. This corporation owes the current year li	ntangible	
24	25	29	30	•			Personal Property Tax.	Yes	□No
24	9. Name and Address of Cu		1001	Τ		1	0. Name and Address of New Registered	l Agent	
				81	Name				
	OR, RICHARD W.			82	Street Ac	ddraee	(P.O. Box Number is Not Acceptable)		
112 N. FLORIDA AVENUE				02	82 Street Address (P.O. Box Number is Not Acceptable)				
DEL	AND FL 32720			83					
٤				0.4	City		··- 	85 Zip (Code
				84	City		FI	L	
11. Pt_lant office or ragent. I a	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the of	.0502 and 607.1508, Florida State of Florida. Such change wooligations of, Section 607.0505,	atutes, the a as authorized Florida Stat	bove d by utes	e-named co the corpora	orporat ation's	tion submits this statement for the purpose of board of directors. I hereby accept the appe	of changing its ointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable. (I	NOTE: Registered	i Agen	t signature requ	uired whe			
12.		S AND DIRECTORS	13.		——————————————————————————————————————		ADDITIONS/CHANGES TO OFFICERS A		Addition
TITLE	D	☐ DELETE	•					Change	☐ Addition
NAME	Drillitto Commerci, 1 the		AMÉ						
STREET ADDRESS			TREET	ADDRESS					
CITY-ST-ZIP	DELAND FL			ITY-S	T-ZIP			Change	Addition
TITLE	☐ DELETE 2.1 T			TLE				☐ Change	☐ Addition
NAME			2.2 N	AME				,	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		D DELET			T-ZIP			☐ Change	☐ Addition
TITLE		☐ DELETI			1			∐ ollange	
NAME			3.2 N						•
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DELETE		HTY-S	IT-ZIP			☐ Change	☐ Addition
TITLE									
NAME				IAME					
STREET ADDRESS			9		ADDRESS				
C/TY-ST-ZIP		DELET		ITY-S	T-ZIP			Change	Addition
TITLE		☐ NETE!!	5.1 T 5.2 N						
NAME					ADDRESS				
STREET ADORESS				TY-S					
CITY-ST-ZIP '		☐ DELETE			1-2F			☐ Change	Addition
TITLE			6.2 N						
NAME					ADDRESS				
STREET ADDRESS				6.4 CITY-ST-ZIP					
CITY-ST-ZIP	I		0.4 0	3	28				

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.

SIGNATURE: ,

III A. Bartholomew 01-26-99 904-738-4633