

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 12:12

DOCUMENT # **637112** (4)
1. Corporation Name
KEN BUNTING CARPENTRY, INC.

Principal Place of Business Mailing Address
11000-15 METRO PARKWAY FT MYERS FL 33912 **11000-15 METRO PARKWAY FT MYERS FL 33912**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. Street, Apt. #, etc.		26. Street, Apt. #, etc.		09/21/1979	02/09/1994
22. City & State		27. City & State		4. FID Number	Applied For
23. Zip		28. Zip		59-1941513	Not Applicable
24. Country		29. Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BUNTING, KEN 11000-15 METRO PARKWAY FORT MYERS FL 33912				01. Name			
				02. Street Address (P.O. Box Number is Not Acceptable)			
				03.			
				04. City	FL	05. Zip Code	

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Print Name and Title of Registered Agent or Agent for Service) (Print Name and Title of Agent Signature Required when Applicable) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01. NAME	PDT BUNTING, KEN	11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
02. STREET ADDRESS	11000-15 METRO PARKWAY	12. NAME	
03. CITY, ST, ZIP	FT. MYERS FL	13. STREET ADDRESS	
04. NAME	V WEBER, TERRENCE C	14. CITY, ST, ZIP	
05. STREET ADDRESS	15821 SAN ANTONIO CT	21. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
06. CITY, ST, ZIP	FT MYERS FL	22. NAME	
07. NAME	S YOUNG, NANCY	23. STREET ADDRESS	
08. STREET ADDRESS	6745 WINKLER RD	24. CITY, ST, ZIP	
09. CITY, ST, ZIP	FT MYERS FL	31. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		32. NAME	
11. STREET ADDRESS		33. STREET ADDRESS	
12. CITY, ST, ZIP		34. CITY, ST, ZIP	
13. NAME		41. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		42. NAME	
15. CITY, ST, ZIP		43. STREET ADDRESS	
16. NAME		44. CITY, ST, ZIP	
17. STREET ADDRESS		51. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. CITY, ST, ZIP		52. NAME	
19. NAME		53. STREET ADDRESS	
20. STREET ADDRESS		54. CITY, ST, ZIP	
21. CITY, ST, ZIP		61. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		62. NAME	
23. STREET ADDRESS		63. STREET ADDRESS	
24. CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and I agree and qualify for the responsibility stated in Section 199.03(2)(b), Florida Statutes. I further certify that the information included on the 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 this corporation or the manager or partner 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 addendum with an address.

SIGNATURE: *Nancy Young* NANCY YOUNG 2-10-95 813-278-4446
SIGNATURE AND TITLE OF REGISTERED AGENT OR AGENT FOR SERVICE DATE TELEPHONE NUMBER