

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra E. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

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



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

3. Date Incorporated or Qualified: **09/21/1979** 3a. Date of Last Report: **02/14/1995**
 4. FEI Number: **59-1941513** Applied For: Not Applicable
 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: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
 State, Apt. #, etc.: State, Apt. #, etc.: **27**
 City & State: City & State: **28**
 Zip: Country: Zip: Country: **29** **30**

9. Name and Address of Current Registered Agent

**BUNTING, KEN
 11000-15 METRO PARKWAY
 FORT MYERS FL 33912**

10. Name and Address of New Registered Agent

81. Name: _____
 82. Street Address (P.O. Box Number is Not Acceptable): _____
 83. _____
 84. City: _____ **FL** 85. Zip Code: _____

11. Pursuant to the provisions of Sections 607.0102 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 607.0105, Florida Statutes.

SIGNATURE

Signature of Officer/Director (Print Name and Title)

Signature of Registered Agent (Signature required whenever filing)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE: **PDT** DELETE
 NAME: **BUNTING, KEN**
 STREET ADDRESS: **11000-15 METRO PARKWAY**
 CITY-STATE-ZIP: **FT. MYERS FL**

2. TITLE: **V** DELETE
 NAME: **WEBER, TERENCE C**
 STREET ADDRESS: **15821 SAN ANTONIO CT**
 CITY-STATE-ZIP: **FT MYERS FL**

3. TITLE: **S** DELETE
 NAME: **YOUNG, NANCY**
 STREET ADDRESS: **6745 WINKLER RD**
 CITY-STATE-ZIP: **FT MYERS FL**

4. TITLE: _____ DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-STATE-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: _____ Change Addition
 1.2 NAME: _____
 1.3 STREET ADDRESS: _____
 1.4 CITY-STATE-ZIP: _____

2.1 TITLE: _____ Change Addition
 2.2 NAME: _____
 2.3 STREET ADDRESS: _____
 2.4 CITY-STATE-ZIP: _____

3.1 TITLE: _____ Change Addition
 3.2 NAME: _____
 3.3 STREET ADDRESS: _____
 3.4 CITY-STATE-ZIP: _____

4.1 TITLE: _____ Change Addition
 4.2 NAME: _____
 4.3 STREET ADDRESS: _____
 4.4 CITY-STATE-ZIP: _____

5.1 TITLE: _____ Change Addition
 5.2 NAME: _____
 5.3 STREET ADDRESS: _____
 5.4 CITY-STATE-ZIP: _____

6.1 TITLE: _____ Change Addition
 6.2 NAME: _____
 6.3 STREET ADDRESS: _____
 6.4 CITY-STATE-ZIP: _____

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Nancy Young* **NANCY YOUNG** 1/23/96 941-278-4446
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)