## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F52317

(7)

LANDL CARPENTRY, INC.

Principal Place of Business	Mailing Address			
500 SEA OATS DR	500 SEA OATS DR			
Sanibel Fl 33957	Samibel FL 33957-5402			

## **FILED** Jan 14 1997 8:00am Secretary of State



500 SEA OATS DR SAMBEL FL 33957		500 SEA OATS DR Sanibel FL 33957-5402									
									ite of Last Report		
	lace of Business	2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·	4. FEI Number 59-2144419				plied For	
21 Code And	N ato	Suite Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·			29-5 1444 19	<del></del>	60		t Applicable	
Suite, Apt.	#, etc	27 Suite Apr. #, Bic.				5. Certificate of Status Desired				Additional quired	
City & Stat	е	City & State				Election Campaign Financing Trust Fund Contribution				May Be o Fees	
Zip 24	Country 25	Zip <b>29</b>	Countr 30	ry :			Yes [	] No		199.032,	
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	gistered /	gent			
	DL, SUSAN		81	<b>i</b>	Name						
500 SEA OATS DR Sanibel, Fl			82	2	Street Add	ldress (P.O. Box Number is Not Acceptable)					
3395	57		83	3							
			84	4	City		FL	85	Zip	Code	
SIGNATURE	m) familiar with, and accept the obt	NC and aller trapper also (NC			signature requi	ired when reinstaling)	DATE				
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND				
THILE	D AND ALIONOT	☐ DECETE	1.1 TITLE					С	hange	Additio	
NAME	LANDL, AUGUST 500 SEA OATS DR		1.2 NAME								
STREET ADDRESS	SANIBEL, FL 00000		1.3 STREE		1						
CITY - ST - ZIP	DP	DELETE	1.4 CITY- 2.1 TITLE		ZIP			Пс	hange	Additio	
NAME	LANDL, SUSAN	beter	2 2 NAME						nungo		
STREET ADDRESS	500 SEA OATS DR		2 3 STREE		DDBESS						
CITY-S1-ZIP	SANIBEL, FL 00000		2 4 CITY								
THILE		DELFTE	31 TITLE					C	hange	Additio	
NAME			3.2 NAM5	Ē	Į						
STREET ADDRESS			3.3 STREE	ET AI	.DDRESS						
CITY-ST-ZIP			3.4. CITY	-81-	- ZIF						
1IFLE		☐ DELETE	4.1 TITLE					□ c	hange	Additio	
NAME			4. 2 NAM	E							
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TITLE		☐ DELETE	51 THLE					ЦC	hange	Additio	
NAME			5.2 NAME	F							
STREET ADDRESS			5.3 STRE	ET AI	DDRESS						
C•TY - SI - ZIP			5.4 CITY	-51-	- ZIP						
TI*LE		DELETE	6.1 TITLE					∐] C	hange	Additio	
NAME			6 2 NAME	£							
STREET ADDRESS			63 STRE	ET Al	DORESS						
CITY - ST. 7IP			64 CiTY	. cr.	. 21P						

14. Ido 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 of changed, or on an attachment with an address.

**SIGNATURE:** 

TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-472-6821