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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # F93000003129

WOODBURY PEWTERERS, INC.

Principal Place of Business
860 MAIN STREET SOUTH
WOODBURY CT 06798

Mailing Address

P.O. BOX 482 WOODBURY CT 06798

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90178 025 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

07/02/1993

2. Principal Place of dusiness	quired May Be o Fees No No Code registered
Suite, Apt. #, etc. Suite, Apt. #, etc.	dditional quired May Be o Fees No No Code registered gistered
S. Certificate of Status Desired Fee Re	Quired May Be o Fees No No Code registered RS IN 12
City & State City & State City & State City & State S	O Fees No No Code registered gistered RS IN 12
Zip Country Zip Country Zip Country St. his corporation owes the current lyear intangible Personal Property Tax. Yes Y	Code registered gistered RS IN 12
Zip	Code registered gistered
9. Name and Address of Current Registered Agent TITCOMB, LEE R 425 ATLANTIC DR SW LANTANA FL 33462 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 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 reagent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when remission 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR TITLE PAME TITCOMB, LEE R 425 ATLANTIC DR. S.W. LANTANA FL 33462 TITLE VPST TITLE VPST TITLE VPST TITLE VPST TITLE NAME TITCOMB, PAUL H 235 TUTTLE ROAD 22 NAME TITCOMB, PAUL H 235 TUTTLE ROAD 23 STREET ADDRESS CITY-ST-ZIP TITLE NAME TITCOMB, PAUL H 235 TUTTLE ROAD 23 STREET ADDRESS 56-WOODBURY CT 06798 DELETE 31 TITLE NAME TITLE TIT	Code registered gistered
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. 1 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	

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:

Charboneau