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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # J72466 (2)

1. Corporation Name
FROOK CARPENTRY, INC.

Principal Place of Business	Mailing Address
% DAVID A. DUNKIN 170 WEST DEARBORN ENGLEWOOD FL 34223	% DAVID A. DUNKIN 170 WEST DEARBORN ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/13/1987

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 6233 Drucker Circle
City & State: 23 Port Charlotte FL
Zip: 24 33981 Country: 25 US

2a. Mailing Address
26 c/o Peggy S. Frook
Suite, Apt. #, etc.: 27 P.O. Box 1596
City & State: 28 Venice FL
Zip: 29 34284 Country: 30 US

4. FEI Number: 59-2806529 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DUNKIN, DAVID A.
170 WEST DEARBORN
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name: Peggy S. Frook
82 Street Address (P.O. Box Number is Not Acceptable): 1001 Avenida Del Circo
83 P.O. Box 1596 34285
84 City: Venice FL 85 Zip Code: 34285

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: Peggy S. Frook — Peggy S. Frook — 3-31-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FROOK, KENNETH B. 730 BUCKSKIN COURT ENGLEWOOD FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FROOK, BRIAN K. 22589 ASHTON AVE PT. CHARLOTTE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FROOK, KEVIN D. 10397 EUSTON AVE. ENGLEWOOD FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	6233 Drucker Circle Port Charlotte, FL 33981	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOVE, ARNOLD W 4180 BLITZEN TERR. NORTH PORT FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/97)

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.

SIGNATURE: Kevin D. Frook 3/29/98 941-697-4471