

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

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **L40932** (0)

1. Corporation Name
AWS CARPENTER CONTRACTORS, INC.

Principal Place of Business BOX 551 OLDSMAR FL 34677	Mailing Address BOX 551 OLDSMAR FL 34677-0010
--	---



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/09/1990	3a. Date of Last Report 02/22/1996
4. FEI Number 59-2985326		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No					

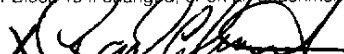
9. Name and Address of Current Registered Agent GONZALEZ, ENRICO G. 11203 NORTH 56TH STREET SUITE F TEMPLE TERRACE FL 33617				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
---	--	--	--	--	--

11. Pursuant to the provisions of Sections 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	☐ DELETE		1.1 TITLE	S/T/D	☒ Change ☐ Addition	
NAME	SCHROEDER, ARNOLD W.			1.2 NAME			
STREET ADDRESS	3377 BRIAN ROAD SOUTH			1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL			1.4 CITY-ST-ZIP			
TITLE	O	☐ DELETE		2.1 TITLE	P/D	☒ Change ☐ Addition	
NAME	CHRISTY, RAYMOND D.			2.2 NAME			
STREET ADDRESS	12130 US 41 S, LOT 200			2.3 STREET ADDRESS	212 Caryl Way		
CITY-ST-ZIP	GIBSONTON FL			2.4 CITY-ST-ZIP	Oldsmar, FL 34677		
TITLE	V	☐ DELETE		3.1 TITLE	V/D	☒ Change ☐ Addition	
NAME	SCHROEDER, KENNETH A.			3.2 NAME	SCHROEDER, KENNETH A.		
STREET ADDRESS	3377 BRIAN ROAD SOUTH			3.3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE		☐ Change ☐ Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE		☐ Change ☐ Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE		☐ Change ☐ Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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:  President 2/14/97 813-855-1006

CR2E034 (9/96)