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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Jan 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000016636 (0)

DOUBLE R CUSTOM CARPENTRY, INC.

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Principal Place of Business 2134 WHITESIDE LANE PALM BAY FL 32809 US				Mailing Address 2134 WHITESIDE LANE PALM BAY FL 32909 US					(MORTHOE) RA (S/I) SHOM SEMI		. W 14 61 31 31 31 W	***************************************	1018 E 417	(16 1 1)
00			Ů						3. Date incorporated or Q 02/28/1994	ualified		te of Las		ort
2. Principal Pla	ace of Business		26	a. Mailing	Address			.,	4. FEI Number		1_00/0			ad For
21 Suite. Apt. #, etc 22			26											pplicable
			27	Suite, Apt. #, etc.					5. Certificate of Status Desired See Required Fee Required					
City & State)			City & S	tate				6. Election Campaign Fina	-	F		10 Ma	
23		Country	28	Zip		Coul	otru		Trust Fund Contribution				d to F	
Zip 24	25	Country	29	ı .		30	шу		This corporation has lia Florida Statutes		intangible Yes [irs. 19	9.032,
24		Address of Cur		<u></u>	ent	1301	•		10. Name and Address of					
O'NE	IL RICHARD	T		Т	· · · · · · · · · · · · · · · · · · ·		81	Name						
O'NEILL, RICHARD T. 2134 WHITESIDE LANE							62	Street Addre	s (P.O. Box Number is Not Acceptable)					
PALM	i BAY FL 3290	Ŋ				ŀ	83	7-1711				•		
						}	84	City		······································	FL	85 Z	ip Coo	de
11. Pursuarit t	o the provisions	of Sections 607	0502 and	607.1508,	Florida Statu	tes, the ab	ove-r	named corpo	oration submits this statement	for the	ourpose of	changin	g its re	gistered
office or re agent. I ar	egistered agent, in familiar with, a	or both, in the St nd accept the of	tate of Flor oligations i	rida Such of, Section	change was 607.0505, Fl	authorized Iorida Stati	i by ti utes.	the corporation	on's board of directors. I here	by acce	ot the appo	ointment	as reç	jistered
SIGNATURE	Stanglare, typed or per	ntea name of registeres	Lagert and tir	ne if applicable	, INO			t signature require	ed when reinstating)		DATE			
SIGNATURE :	Stgnature, typed or per	orea name of registeres			, INO			t signature require	ed when reinstating) ADDITIONS/CHANGES 1	O OFFIC		DIRECT	ORS I	N 12
	Stgnature, typed or per			CTORS	DELETE	TE: Registered	Agent	signature require		O OFFIC		DIRECT		
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