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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000016636

1. Corporation Name

Principal Place of Business

DOUBLE R CUSTOM CARPENTRY, INC.

2134 WHITESIDI PALM BAY FL : US		2134 WHITESIDE LANE PALM BAY FL 32909 US			DO NOT WRITE IN THIS S 3. Date Incorporated or Qualifed 02/28/1994	PACE		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			59-3228904		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	— —	5 Additional Required	
City & State	е	City & State			Election Campaign Financing Trust Fund Contribution		May Be ed to Fees	
Zip 24	Country 25	Zip 30	Country		This corporation owes the current year Intar Personal Property Tax.	ngible Yes	□No	
 1	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered A	gent		
			81	Name			j	
O'NEILL, RICHARD T. 2134 WHITESIDE LANE			82	Street Ac	reet Address (P.O. Box Number is Not Acceptable)			
PALI	M BAY FL 32909		83					
			84	City	FL	85 Zi	ip Code	
office or ragent. I a	egistered agent, or both, in the State m familiar with, and accept the obligation of the state o				orporation submits this statement for the purpose of chation's board of directors. I hereby accept the appointment of the purpose of chation's board of directors. I hereby accept the appointment of the purpose of chati	-		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	PSTD	☐ DELETE	1.1 TITLE			☐ Chang	ge	
NAME	O'NEILL, RICHARD T		1.2 NAME	- 1				
STREET ADDRESS	2134 WHITESIDE LAND		1.3 STREET	ADDRESS			~	
CITY-ST-ZIP	PALM BAY FL		1.4 CITY-S	-ZIP		CT Chan	ge Addition	
TITLE		☐ DELETE	2.1 TITLE	i	•	Chang	je Li Addition	
NAME			2.2 NAME					
STREET ADDRESS	i ki i kirin kirikan j	الشيشان ينجيها السيلمان	2.3 STREET	1	m and the second	٠.	· + "	
CITY-ST-ZIP	-	☐ DELETE	2.4 CITY-S	T-ZIP		Chang	e Addition	
TITLE		□ bereie	3.1 TITLE 3.2 NAME				, –	
NAME			3.3 STREET	ANNDESS	•		1	
STREET ADDRESS			3.4. C/TY-S	1				
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	1-23		☐ Chang	ge Addition	
NAME			4. 2 NAME				1	
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	r-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Chang	ge 🗌 Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET		•		ļ	
CITY+ST-ZIP		——————————————————————————————————————	5.4 CITY-S	r-ZIP		Chang	ge 🗍 Addition	
TITLE	Congress of the second	☐ DELETE	6.1 TITLE			□ cuan(le 🗆 Woongon	
NAME			6.2 NAME	· AUDDECC				

SIGNATURE:

CITY-ST-ZIP

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 trusted 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 an anattacyment with an address, withyall other like empowered.

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

04-14-1999 90092 046 ***150.00

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