

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

**FILED**  
**Jul 07 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 # P96000006729 (3)**

1. Corporation Name  
**A & C CUSTOM CARPENTRY, INC.**



Principal Place of Business: **4293 HARSTOOK AVENUE NORTH PORT FL 34287**  
 Mailing Address: **4293 HARSTOOK AVENUE NORTH PORT FL 34287-2814**

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**  
 2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**  
 9. Name and Address of Current Registered Agent

**SNOW, ARTHUR**  
**4293 HARSTOOK AVENUE**  
**NORTH PORT FL 34287**

**B1** Name  
**B2** Street Address (P.O. Box Number is Not Acceptable)  
**B3**  
**B4** City **FL** **B5** Zip Code

3. Date Incorporated or Qualified: **01/19/1996**  
 3a. Date of Last Report  
 4. FEI Number: **65-0641684** 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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No  
 10. Name and Address of New Registered Agent

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		DATE	
Signature Type: For principal name of registered agent (if applicable)		(If the Registered Agent signature is used, when to submit)	
<b>12. OFFICERS AND DIRECTORS</b>			
TITLE	<input type="checkbox"/> DELETE	<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>VP</b>	
STREET ADDRESS		<b>CHERYL L. SNOW</b>	
CITY- ST- ZIP		<b>4293 HARSTOOK AVE.</b>	
TITLE	<input type="checkbox"/> DELETE	<b>NORTH PORT, FL 34287</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY- ST- ZIP			
TITLE	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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)(j), 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:** *Cheryl L. Snow* **CHERYL L. SNOW** 6-29-97 (941)426-9524

CR2E034 (9/96)