PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000060220

ALL PHASE CARPENTRY, INC.

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Principal Place of Business Mailing Address									4 (884) MR. 148 smills sehtt Abiti ansin batti batt		18 1191E (914 9911 1841		
616 MAYO ST. S. CRYSTAL BEACH FL 34681 CRYSTAL BEACH FL 34681						Sax 338			DO NOT WRITE IN THIS SPACE					
								3.	Date Incorporated or Qualifed				}	
				•					07/06/1998			_		
2. Principal P	lace of Busines:	2a.	2a. Mailing Address				4. FEI Number			App	lled For]		
21		26				59-3516811			Not Applica]			
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.		5		Certificate of Status Desired		.75 A	iditional Juired	}			
City & Stat		28	City & State			· · · · ·		Election Campaign Financing Trust Fund Contribution Added to Fees						
Zip						untry		This corporation owes the current year	nlangibl	9		1		
24	25			29 30					Personal Property Tax.	Y		⊒No	}	
	9. Name an	d Address of Cui	rrent Registe	ered Agent				10,	Name and Address of New Registered	d Agen	<u> </u>		ļ	
						81	Name					,	ļ	
	DLEY, CINDY			82 Street Addr		ess (P.O. Box Number is Not Acceptable)				{				
•	mayo st. s.									. · ·	<u> </u>			
CRY	STAL BEACH											1		
						84	City		F	85	Zip C	ode		
Office Or n	naietared sacont	or both in the St	ata of Monda	7.1508, Florida Statu . Such change was Section 607.0505, Fl	authonzec	יעם נ	the comporation	oration on a bo	n submits this statement for the purpose opard of directors. I hereby accept the appearance of the statement of the purpose of	f chang pintmen	ing its r t as reg	egistered stered		
SIGNATURE							n signature require		paintisting) DATE				۔ ا	
12.	Signeture, typed or pr	OFFICERS			13.	Agen	il signactive require		ADDITIONS/CHANGES TO OFFICERS A	NO DIF	ECTOR	S IN 12	80	
TITLE	OFFICERS AND DIRECTORS Delete					1.1 TITLE					hange	Addition	=	
NAME	STUDLEY, RICHARD D					1.2 NAME							3	
STREET ADDRESS						1.3 STREET ADDRESS							Š	
CITY-ST-ZIP CRYSTAL BEACH FL 34681					1	1.4 CITY-ST-ZIP							CROFORM	
TITLE	DELETE					21 TILE					hange	Addition	ਹ	
NAME						22 NAME						l	ĺ	
STREET ADDRESS						2.3 STREET ADDRESS								
CITY-ST-ZIP						2, 4 CITY-ST-ZIP							1	
TITLE	DELETE					31 TITLE				— <u>()</u> c	nange	Addition	1	
NAME						3.2 NAME								
						2.2 STREET ADDRESS							1	

6.4 CITY-ST-ZIP 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 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 part attachment with an address, with all other like empowered.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-2IP

4.4 CITY-ST-ZIP

4, 2 NAME

5.1 TITLE

5.2 NAME

0.1 TITLE

6.2 NAME

DELETE

☐ DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ACCRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

GNING OFFICER OR DIRECTOR

Change

Change

☐ Change

☐ Addition

___ Addition

Addition

May 06, 1999 8:00 am Secretary of State

05-06-1999 90064 024 ***150.00