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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000105705

## FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90074 025 \*\*\*150.00

1. Corporation	CARPENTRY, INC.	,				
Principal Place of Business Mailing Address						
1651 PADDOCK DR. 2651 PADDOCK DR.						
ACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32		32250				
		• • • • • • • • • • • • • • • • • • • •			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
		La 16 W Address			12/21/1998 4. FEI Number Applied Fo	
¬ '	lace of Business	2a. Mailing Address			59 - 354 7894 Not Applic	
Suite, Apt.	# ato	Suite, Apt. #, etc.			<b>\$8.75</b> Addition	
22	#, 610.	27			5. Certifcate of Status Desired Fee Required	
City & Stat	e	City & State		·	6. Election Campaign Financing \$5.00 May Be	•
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year Intangible	
24	25	29	30		Personal Property Tax.	
	9. Name and Address of Curren	t Registered Agent		81 Name	10. Name and Address of New Registered Agent	
HUDE	DELL CHARLES T					
HORRELL, CHARLES T 2651 PADDOCK DR.			8		Address (P.O. Box Number is Not Acceptable)	
JACKSONVILLE BEACH FL 32250				83		
0.1011					[and the state of	
				84 City	FL 85 Zip Code	
11 Pursuant	to the provisions of Sections 607.050	2 and 607 1508, Florida Statu	tes, the al	 oove-паmed co	orporation submits this statement for the purpose of changing its register	red
	registered agent, or both, in the State im familiar with, and accept the obliga				ation's board of directors. I hereby accept the appointment as registered	1
agent. i a	ini lambiai with, and accept the obliga	moria di, codasii dai idaay i				
0.00.47.100					<u></u>	_ 1
SIGNATURE	Signature, typed or printed name of registered ager		: Registered		uired when reinstating) DATE	-
SIGNATURE	OFFICERS AN	ID DIRECTORS	Registered	Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
	OFFICERS AN		13.	Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12 ddition
12. TITLE NAME	OFFICERS AN DPTS HORRELL, CHARLES T	ID DIRECTORS	13. 1.1 TII 1.2 NA	Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
12. IITLE NAME STREET ADDRESS	OFFICERS AN DPTS HORRELL, CHARLES T 2651 PADDOCK DR.	ID DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST	Agent signature required.  LE  ME  REET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS AN DPTS HORRELL, CHARLES T 2651 PADDOCK DR. JACKSONVILLE BEACH FL 3225	ID DIRECTORS  DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST	Agent signature required to the signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change	ddition
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:



Oate Daytime Pho

ytime Phone #