**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED
AND
FILED

12:11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 163218 (1)

1. Corporate Name
WOODCRAFT PRODUCTS INC

Principal Address
~~LONNIE F LOVELL~~
2417 N 70TH STREET
TAMPA FL 33619

Mailing Address
~~LONNIE F LOVELL~~
2417 N 70TH STREET
TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/24/1950
3a. Date of Last Report: 04/22/1994

4. FEI Number: 59-0628342 — 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 taken for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☐ No

21 Principal Place of Business: 2417 N. 70th Street
22 Suite, Apt. #, etc.
23 City & State: Tampa, FL
24 Zip: 33619 — 25 Country: USA

26 Mailing Address: 2417 N. 70th Street
27 Suite, Apt. #, etc.
28 City & State: Tampa, FL
29 Zip: 33619 — 30 Country: USA

9. Name and Address of Current Registered Agent
~~LOVELL, LONNIE F~~
~~3833 FLOYD RD~~
~~TAMPA, FL~~
~~33624~~

10. Name and Address of New Registered Agent
81 Name: Al R. Lopez, Jr., Esq.
82 Street Address (P.O. Box Number is Not Acceptable): Suite 500
83 4600 W. Cypress Street
84 City: Tampa — FL — 85 Zip Code: 33607

11. Pursuant to the provisions of Section 607.0505 and 607.1008, 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. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and hereby accept the obligations of my position as registered agent, Florida Statutes.

SIGNATURE: [signature] — Registered Agent — 4/25/95 Date

12. OFFICERS AND DIRECTORS

| Title | Name | Address |
|---|---|---|
| STD | LOVELL, DIANA L. | 4106 HUDSON LANE TAMPA, FL 00000 |
| CD | LOVELL, LONNIE F | 3833 FLOYD RD TAMPA, FL 00000 |
| PD | LOVELL, ALAN C | 4106 HUDSON LANE TAMPA, FL 00000 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| Title | Name | Address | Change / Add |
|---|---|---|---|
| Secretary | Lovell, Diana L. | 4106 Hudson Lane Tampa, FL 33624 | X Change ☐ Add |
| --Omit-- | | | X Change ☐ Add |
| Pres/Treas/Dir | Lovell, Alan C. | 4106 Hudson Lane Tampa, FL 33624 | X Change ☐ Add |
| | | | ☐ Change ☐ Add |
| | | | ☐ Change ☐ Add |
| | | | ☐ Change ☐ Add |
| | | | ☐ Change ☐ Add |

14. [illegible]

SIGNATURE: Alan C Lovell PRES — 4-26-95 — (813) 626-2325
SIGNATURE AND TYPED OR PRINTED NAME OF MORE OFFICER OR DIRECTOR
ALAN C. LOVELL, President

0200647 CP