

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:52

DOCUMENT # 176294

(7)

1. Corporation Name

TRI-CITY WOOD WORKS, INCORPORATED

Principal Place of Business

202 OLD DIXIE HIGHWAY
LAKE PARK FL 33409-0095

Mailing Address

202 OLD DIXIE HIGHWAY
LAKE PARK FL 33409-0095

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1953

3a. Date of Last Report

04/11/1994

4. FEI Number

59-0739589

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24 33403-3095

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 33403-3095

30

9. Name and Address of Current Registered Agent

REED, WILLIAM E., JR.
202 OLD DIXIE HWY
LAKE PARK FL 33403

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	VPS
NAME	ASKEW, RAYMOND R.
STREET ADDRESS	15859 85TH AVE., N.
CITY, ST, ZIP	PALM BEACH GARDENS FL
TITLE	P
NAME	REED, WILLIAM JR
STREET ADDRESS	8688 KELSO DRIVE
CITY, ST, ZIP	PALM BEACH GARDENS FL
TITLE	T
NAME	REED, DEIDRE G.
STREET ADDRESS	8688 KELSO DR.
CITY, ST, ZIP	PALM BEACH GARDENS FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	506 E. TALL OAKS DRIVE
2.4 CITY, ST, ZIP	PALM BEACH GARDENS, FL 33410
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	506 E. TALL OAKS DRIVE
3.4 CITY, ST, ZIP	PALM BEACH GARDENS, FL 33410
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(5)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 1, 2 or Block 3, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond R. Askew

1/4/95 (407) 842-4666