

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 # 176294

1. Corporation Name

TRI-CITY WOOD WORKS, INCORPORATED

Principal Place of Business

202 OLD DIXIE HIGHWAY
LAKE PARK FL 33403-3095
US

Mailing Address

202 OLD DIXIE HIGHWAY
LAKE PARK FL 33403-3095
US

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90024 016 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1953

4. FEI Number

59-0739589

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required.

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

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

JOHN FOWLDS

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

202 OLD DIXIE HWY

83

84 City

LAKE PARK

FL

85 Zip Code

33403

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/4/99

DATE

12. OFFICERS AND DIRECTORS

TITLE VPS ☒ DELETE

NAME ASKEW, RAYMOND R.

STREET ADDRESS 15859 85TH AVE., N.
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE CEO ☒ DELETE

NAME REED, WILLIAM JR

STREET ADDRESS 506 E. TALL OAKS DR.
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE T ☒ DELETE

NAME REED, DEIDRE G.

STREET ADDRESS 506 E. TALL OAKS DR.
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE P ☐ DELETE

NAME FOWLDS, JOHN

STREET ADDRESS 142 HERITAGE WAY
CITY-ST-ZIP W PALM BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SECRETARY ☐ Change ☒ Addition

1.2 NAME MELISSA FOWLDS

1.3 STREET ADDRESS 202 OLD DIXIE HWY
1.4 CITY-ST-ZIP LAKE PARK, FL 33403

2.1 TITLE TREASURER ☐ Change ☒ Addition

2.2 NAME LINDA MAJORNIN

2.3 STREET ADDRESS 202 OLD DIXIE HWY
2.4 CITY-ST-ZIP LAKE PARK FL 33403

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE PRES. ~~JOHN FOWLDS~~ ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 202 OLD DIXIE HWY
4.4 CITY-ST-ZIP LAKE PARK, FL 33403

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)