

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 331917 (5)

1. Corporation Name

CRAFTSMAN PANEL CORPORATION



Principal Place of Business

9605 N.W. 79TH AVE #29
HIALEAH FL 33016

Mailing Address

9605 N.W. 79TH AVE #29
HIALEAH FL 33016

3. Date Incorporated or Qualified
06/28/1968

3a. Date of Last Report
05/23/1995

4. FEI Number

59-1278998

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

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

MCKILLOP JR, ROY,
9636 N.E. 5TH AVENUE ROAD
MIAMI SHORES FL 33138

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

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

(If title, Registered Agent signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | MCKILLOP JR., ROY | |
| STREET ADDRESS | 9636 N.E. 5TH AVE. RD. | |
| CITY-ST-ZIP | MIAMI SHORES FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WOODWARD, RAY | |
| STREET ADDRESS | 5001 S.W. 172ND AVE. | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | MCKILLOP, LINDA | |
| STREET ADDRESS | 9636 N.E. 5TH AVE. RD. | |
| CITY-ST-ZIP | MIAMI SHORES FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MCKILLOP, LINDA | |
| STREET ADDRESS | 9636 N.E. 5TH AVE. RD. | |
| CITY-ST-ZIP | MIAMI SHORES FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

Roy McKillop Jr. Roy McKillop Jr

4/9/96 305-5577227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)