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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 468928

(7)

SOUTHEAST MILLWORK AND CASEWORK MANUFACTURERS, I

Principal Place of Business Mailing Address 1706 FIG STREET 1706 FIG STREET TAMPA, FL 33606 TAMPA. FL 33606-1626 3. Date Incorporated or Qualified 3a. Date of Last Report 02/04/1975 01/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1608227 Not Applicable 26 Suite Apt # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zio Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SMITH, THOMAS A. 2608 BRYANT CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33609 83 64 City 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 proved hards of registered agent and little rilapplicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE THILE CASTELLANO, NELSON V 1.2 NAME NAME 1706 FIG STREET STREET ADDRESS 1.3 STREET ADDRESS TAMPA, FL. 33609 1.4 CITY - ST - ZIP CITY - ST - ZIP Addition DELETE TITLE 2 1 TITLE Change CASTELLANO, JUDY 2.2 NAME NAME 2603 PARKLAND 23 STREET ADDRESS STREET ADDRESS **TAMPA, FL 33609** 2 4 CITY-ST-ZIP CITY - ST - ZIP Addition Change TITLE ☐ DELETE 3 1 TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change Addition TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ACORESS CITY - ST - ZIP 5.4 CITY - ST- ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

information indicated on this annual report or supplemental annual report is frue 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

14. I do 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

SIGNATURE:

NELTSON WED OR CANSTELL AND PERSONETED t

appears in Block 12 or Block 13 if changed, or on an attachment with an address

01/10/97 (

Date:

(813) 251-5342

FILED

Jan 21 1997 8:00am

Secretary of State

Daytime Finone #

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