

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 586212 (3)

1. Corporation Name

KEYSTONE WOOD PRODUCTS, INC.

Principal Place of Business

4460 NORTH GOLDENROD RD
P.O. BOX 4606
WINTER PARK FL 32793

Mailing Address

4460 NORTH GOLDENROD RD
P.O. BOX 4606
WINTER PARK FL 32793



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/12/1978

3a. Date of Last Report

04/05/1995

4. FEI Number

59-1850087

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

9. Name and Address of Current Registered Agent

VAUGHAN, JOSEPH D. SR.
2826 RAPIDAN TRAIL
MAITLAND FL 32751

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

Signature taken personally or by registered agent (check one)

Signature of Registered Agent (check one)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

P
NAME: VAUGHAN, JOSEPH D., SR.
STREET ADDRESS: 2826 RAPIDAN TRAIL
CITY, ST., ZIP: MAITLAND FL

2. TITLE ☐ DELETE

V
NAME: REINHARDT, DEBORAH
STREET ADDRESS: 1776 VIA PALERMO
CITY, ST., ZIP: WINTER PARK FL

3. TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY, ST., ZIP:

TITLE:

NAME:

STREET ADDRESS:

CITY, ST., ZIP:

TITLE:

NAME:

STREET ADDRESS:

CITY, ST., ZIP:

TITLE:

NAME:

STREET ADDRESS:

CITY, ST., ZIP:

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

12 NAME

13 STREET ADDRESS

14 CITY, ST., ZIP

2. 1. TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST., ZIP

3. 1. TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST., ZIP

4. 1. TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST., ZIP

5. 1. TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST., ZIP

6. 1. TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY, ST., ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Deborah Reinhardt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-09-96

407-671-3303

CR2E034 (12/95)