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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

	1996										
DOCUI 1. Corporation	MENT # 6777	56	(9)								
HERIT	AGE WOODCRAFT, INC.						1 1 00 110 04141 101	LII 1881 IBAB 84	11 4 4 111 4 1011 4 11		I Billio Godin (da)
Principal Place	of Business	Mailing	Address								
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% RICHARD 4917 GLOVE			richard I., Zeige 7 Glover I.N.	អ							
MILTON FL			TON FL 32570								
							3. Date Incorporated			of Last R	-1
2 Principal Pl	ace of Business	l an Mai	iling Address		-		07/08/1980 4. FELNumber	·	U	4/17/19	· · · · · · · · · · · · · · · · · · ·
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Suite, Apt.	#, etc.		te, Apt. #, etc.								Not Applicable Additional
2		27					5. Certificate of Stat	us Desired		-	Required
City & State	÷	City	/ & State				6. Election Campaig	n Financing			0 May Be
3		28					Trust Fund Contri	-			d to Fees
Zip	Country	Zip		1	intry		8. This corporation h		-	x under s	199.032,
4	9. Name and Address of Curr	[29]		30	т		Florida Statutes	X Yes			
	9. Name and Address of Curr	rent Registere	a Agent		81 Na		10. Name and Addr	ess of New F	Registered /	Agent	
7510F0	DICUADO 1				Nai	ne					
	I, RICHARD L. Ogans Alley				82 Str	et Addres	ss (P.O. Box Number is	Not Acceptab	ole)		
	I FL 32570			j	В3		····				
MILION	I FL 323/0										
					84 City			***		85 Zij	o Code
					[104] (30)	•				,	
11. Pursuant t	to the provisions of Sections 607.05	002 and 607 150	08. Florida Statul	as the abo) / / / / / / / / / / / / / / / / / / /	1 coursonat	tion submits this statem	ont for the ru	FL.		
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To hereby detaily that the information supplied with this filling is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated or this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made unde oath; that I am an officer or director of the corporation or the releiver 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 ft. hanged, or of an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3-14-96 904-623-0087