

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90017 033 ***150.00

DOCUMENT # G27217

1. Corporation Name

STELTER'S SPECIALIZED CARPENTRY, INC.

Principal Place of Business

% ALAN STELTER
12401 WEXFORD HILLS RD.
RIVERVIEW FL 33569-6455

Mailing Address

% ALAN STELTER
12401 WEXFORD HILLS RD.
RIVERVIEW FL 33569-6455

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1983

4. FEI Number

59-2299726

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 12701 Flint Lake DR
Suite, Apt. #, etc.

2a. Mailing Address

26 12701 Flint Lake DR
Suite, Apt. #, etc.

City & State

23 Thonotosassa, FLA

City & State

28 Thonotosassa, FLA

24 33592
Country Hills

25 Hills

29 33592
Country Hills

30 Hills

9. Name and Address of Current Registered Agent

STELTER, ALAN
12401 WEXFORD HILLS RD.
RIVERVIEW FL

10. Name and Address of New Registered Agent

81 Name

Stelter, ALAN

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

12701 FLINT LAKE DR.

83

84 City

Thonotosassa

FL

85 Zip Code
33592

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 Alan Stelter President

4/10/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME STELTER, ALAN
STREET ADDRESS 12401 WEXFORD HILLS RD.
CITY-ST-ZIP RIVERVIEW FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME ALAN Stelter

1.3 STREET ADDRESS 12701 FLINT LAKE DR.

1.4 CITY-ST-ZIP Thonotosassa, FLA. 33592

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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: Alan Stelter President, 4/10/99

982-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)