FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **
DIVISION OF CORPORATIONS

DOCUMENT # H69994

(2)

KULCHAWICK & SON FRAMERS, INC.

FILED May 05 1998 8:00am Secretary of State

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Zip Country Zip Country 44 32724-7550 25 VOLUSIA 29 32724-7550 30 VOLUSIA Personal Property Tax due June 30. Yes No Name and Address of Current Registered Agent KULCHAWICK, CHRISTINE CAROL 1330 E. TAYLOR ROAD DELAND FL 32724 B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No Name and Address of New Registered Agent 81 Name TERRANCE J. KULCHAWICK 82 Street Address (P.O. Box Number is Not Acceptable) 101 E. NEW HAMPSHIRE AVE. 83 #15E	Principal Place of Business	Mailing Address				
2. Mailing Address 10.1 E. NEW HAMPSHIRE 2. Sulfe, Apt #, etc. 2. 15. Sulfe, Apt #, etc. 2. 15. City & State 2. City & State 3. DELAND, FL 2. DELAND, FL 2. New Hampshire 2. Sulfe, Apt #, etc. 2. To be required 3. This corporation owes or has paid the current year Intangible region of the reg	1501 S. BLUE LAKE AVE. DELAND FL 32784-7647	. BLUE LAKE AVE. 1501 S. BLUE LAKE AVE. DELAND FL 32724-7647 DELAND FL 32724-7647		3. Date Incorporated or Qualified		
Suite, Apt. #, etc. 27 15E City & State 3 DELAND, FL Zip Country Zip	2. Principal Place of Business	2a. Mailing Address				Applied For
Suite, Apt. #, etc. 27 15E City & State 3 DELAND, FL Zip Country Zip	101 E. NEW HAMPSHIRE	26 101 E. NEW HA	MPHSHIRE	59-2581277		Not Applicable
DELAND, FL Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KULCHAWICK, CHRISTINE CAROL 1330 E. TAYLOR ROAD DELAND FL 32724 81 Name TERBINCE J. KULCHAWICK 82 Street Address (P.O. Box Number is Not Acceptable) 10. E. NEW HAMPSHIRE AVE. 84 City DELAND FL 85 Zip Code 3.2724-75. 86 #15E 87 City DELAND FL 88 Zip Code 3.2724-75. Signature is 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 other paragraphs of Section 607.0505. Florida Statutes. SIGNATURE Signature bytes of protein search registered agent agreed and been appactuable agreed agent segreture required when reinstating) DATE DATE DATE DATE DATE DATE		1 E 53			□ \$	1
Personal Property Tax due June 30. Yes No S. Name and Address of Current Registered Agent KULCHAWICK, CHRISTINE CAROL 1330 E. TAYLOR ROAD DELAND FL 32724 81 Name TERRANCE J. KULCHAWICK 82 Street Address (P.O. Box Number is Not Acceptable) 101 E. NEW HAMPSHIRE AVE. 83 #15E 84 City DELAND 15 DELAND 16 Strip Code 32724-755 17 DELAND 18 Strip Code 32724-755 18 Strip Code 32724-755 19 DELAND 10 DELAND 1						
KULCHAWICK, CHRISTINE CAROL 1330 E. TAYLOR ROAD DELAND FL 32724 81 Name TERRANCE J. KULCHAWICK 82 Street Address (P.O. Box Number is Not Acceptable) 101 E. NEW HAMPSHIRE AVE. 63 #15E 84 City DELAND FL 85 Zip Code 32724-75! 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 others are of registered agent. I am familiar with, and accept the others are of registered agent. I am familiar with, and accept the others are of registered agent agent. I am familiar with, and accept the others are of registered agent a	24 32724-7550 ²⁵ VOLUSIA	29 32724 - 7550 30 V	•	Personal Property Tax due June	e 30. 🔲 Ye	es 🙀 No
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 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 Institute Institute	KULCHAWICK, CHRISTINE CAROL 1330 E. TAYLOR ROAD		82 Street Addres 101	RRBNCE J. KULCHAW ess (P.O. Box Number is Not Acceptal E. NEW HAMPSHIR	ICK	
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 by red or protect came of registered agent and take it applicable. (NOT) Registered Agent signature required when reinstating) DATE			84 City		FL 8	Zip Code 32724-755
Signature, typed or provide name of registered agricultural train this if applicable (NOT): Registered Agent signature required when reinstating) DATE	office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	of Florida. Such change was authorize	above-named corporation	oration submits this statement for the	ourpose of cha pt the appointr	inging its registered ment as registered
	signature, typed or printed comin of registered agree					

DELETE 1.1 TITLE Change TITLE P KULCHAWICK, TERRENCE J. 1.2 NAME NAME **1330 EAST TAYLOR ROAD** STREET ADDRESS 1.3 STREET ADDRESS **DELAND FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELAND, FL. 32724-7550 DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAMÉ 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 5.1.101E TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE _ Change Addition 6.1 TITLE NAME STREET ADDRESS 63 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.