


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

**FILED**  
**Aug 11 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H89207 (5)**  
 1. Corporation Name  
**PETE MCCABE'S CARPENTRY, INC.**



Principal Place of Business <b>5055 SORRENTO COURT                  CAPE CORAL FL 33904</b>	Mailing Address <b>5055 SORRENTO COURT                  CAPE CORAL FL 33904-9499</b>
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3. Date Incorporated or Qualified <b>12/09/1985</b>	3a. Date of Last Report <b>08/01/1996</b>
4. FEI Number <b>59-2607009</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>1600 Islamorada Blvd.</b> Suite, Apt. #, etc.	26 <b>1600 Islamorada Blvd.</b> Suite, Apt. #, etc.
22 <b>Apt. 74A</b> City & State	27 <b>Apt. 74A</b> City & State
23 <b>Punta Gorda, FL</b> Zip Country	28 <b>Punta Gorda, FL</b> Zip Country
24 <b>33955</b> 25 <b>Lee</b>	29 <b>33955</b> 30 <b>Lee</b>

9. Name and Address of Current Registered Agent

**MCCABE, PETE J.  
 5055 SORRENTO CT  
 CAPE CORAL FL 33904**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MCCABE, PETE J.	
STREET ADDRESS	5055 SORRENTO CT	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCABE, JOYCE M.	
STREET ADDRESS	5055 SORRENTO CT	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	McCabe, Pete J.	
1.3 STREET ADDRESS	1600 Islamorada Blvd. #74A	
1.4 CITY-ST-ZIP	Punta Gorda, FL 33955	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	McCabe, Joyce M.	
2.3 STREET ADDRESS	1600 Islamorada Blvd. #74A	
2.4 CITY-ST-ZIP	Punta Gorda, FL 33955	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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: *Pete McCabe* 8/11/97 941.545-8183

CR2E034 (9/96)