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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H89207

(5)

PETE MCCABE'S CARPENTRY, INC.

Feb 20 1998 8:00am
Secretary of State

|--|--|

Principal Plac	e of Business		M	failing Address				- I HOURDIN OPEN KOKHO KOKHO KIRIK ORAKK KORA ORENIK BIRIK BIRIK OKOKH OKOKH OKOKH OKOKH OKOKH
1600 ISLAMORADA BLVD APT 74A PUNTA GORDA FL 33955 US			F	1600 ISALAMORADA BLVD APT 74A PUNTA GORDA FL 33955 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  12/09/1985
2. Principal P	lace of Busine	oss —	2a	, Mailing Address				4. FEI Number Applied For
21			26					<b>59-2607009</b> Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, et								5. Certificate of Status Desired S8.75 Additional
27								Fee Required
City & State			<u> </u>	City & State				6. Election Campaign Financing \$5.00 May Be
Zip	<del></del>	Country	28	Zip	T C	ountry		Trust Fund Contribution LJ Added to Fees
24	-	es	29	2.0	30	OU III y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
<u> </u>		and Address of Current		stered Agent	30	Т.		10. Name and Address of New Registered Agent
MO	CABE, PETE					81	Name	
	5 GORRENT					-	Observa Andre	dans (D.O. Davidania in Mat. Accordate)
	PE-CORAL-F					82		dress (P.O. Box Number is Not Acceptable)  Islamorada Blvd. #74-A
Ų,	C OOINE !	L 00004				83	2000	2020M02000 D1101    / 7 11
						B4	O:6. ·	
						64		nta Gorda FL 85 Zip Code 33955
11. Pursuant to office or re agent. Lac	lo the provisio egistered age m familiar with	ns of Sections 607.0502 nt, or both, in the State of and accept the obligat	and 6 f Floridions o	607.1508, Florida Statu da. Such change was f. Section 607.0505. F	ites, the authoriz	above ed by	named cor the corpora	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE		.,		.,			,	
	Signature, typed or	printed name of registered agent					ni signature requ	uired when reinstating) DATE
12.		OFFICERS AND	DIREC		13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	new i		DELETE		TITLE		☐ Change ☐ Addition
NAME	MCCABE,					NAME		
STREET ADDRESS		\MORADA BLVD #74/	•				ADORESS	i
CITY-ST-ZIP TITLE	PUNTA G	UKUA FL		DELETE		CITY-S'	T-ZIP	Change Addition
NAME	D	IOVOE M		L. Ditti	ı			Clarge C Addition
STREET ADDRESS		JOYCE M. VMORADA BLVD #74/	ı			NAME	ADDRESS	
	PUNTA G		`				ADDRESS	
CITY-ST-ZIP TITLE	FUITIA G	UNUA FL		☐ DELETE		I CITY - S TITLE	1 - ZIP	☐ Change ☐ Addition
NAME					1	NAME		Containing
STREET ADDRESS					- 1		ADDRESS	
CITY-ST-ZIP						CITY-S		İ
TITLE				DELETE		TITLE	. 411	☐ Change ☐ Addition
NAME						NAME		- · - · ·
STREET ADDRESS					4.3	STREET	ADDRESS	
CITY-ST-ZIP						CITY-SI		1
TITLE		<del></del>		DELETE	_	TITLE		☐ Change ☐ Addition
NAME					5.2	NAME		
STREET ADDRESS							ADDRESS	1
CITY-ST-ZIP					4	CITY-S1		İ
TITLE				☐ DELETE	_	TITLE	-"	☐ Change ☐ Addition
NAME						NAME		- · -
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP						CITY-ST		
<del></del>	.T							

14. Thereby 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.