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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90033 032 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J16220

1. Corporation Name

CONCH	REPUBLIC WOODWORKS,	INC.					
Principal Place	o of Business	Mailing Address				ATA BARRA BABA BABAT B	
Principal Place of Business Mailing Address 97800 OVERSEAS HWY P.O. BOX 2892							
P.O.BOX 2892							
KEY LARGO FL 33037 US					DO NOT WRITE IN THIS SPACE		
US					3. Date Incorporated or Qualifed		
					05/27/1986		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21 26					59-2652238		t Applicable
Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A		
22 27					Fee Re		
<u>├</u> ¬ ´		City & State			6. Election Campaign Financing	\$5.00	
28 Zip Country Zip			Country		Trust Fund Contribution	Added to	o Fees
Zip	Country			y	8. This corporation owes the current year		□No
24	9. Name and Address of Currer		10		Personal Property Tax. 10. Name and Address of New Registere		
	5. Name and Address of Curren	it Registered Agent	81	Name	10. Name and Address of New Negister	, a Agent	
PATTERSON, BARRY							
97800 OVERSEAS HWY			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
P.O. BOX 2892			83	ļ			
KEY	LARGO FL 33037						
	•		84	City	F	85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statutes	the abov	e-named com	poration submits this statement for the purpose	of changing its	registered
office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut ations of, Section 607.0505, Florid	horized by la Statute:	the corporati	ion's board of directors. I hereby accept the ap	pointment as reg	gistered
SIGNATURE		at and the standards. MOTE, D		II	ed when reinstating) DATE		
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	ni signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PST	□ DELETE	1.1 TITLE			☐ Change	Addition
NAME	PATTERSON, BARRY	_	1.2 NAME			_ •	_
STREET ADDRESS	P.O. BOX 2289 N/A		4	T ADDRESS			
CITY-ST-ZIP	VEN LADOO EL 00007		1.4 CITY- S	i			
TITLE			2.1 TITLE	71		☐ Change	Addition
NAME			2.2 NAME				
STREET ADDRESS	CTOOL OVERDOE TO TRICK			T ADORESS			
CITY-ST-ZIP	MEN I ADOO EL GOOD		2. 4 CITY-	1			
TITLE			3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP	·		3.4. CITY-1	ST-ZIP		•	
TITLE	☐ DELETE 4.1 TI		4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			4.4 CITY-S				
TITLE	,	☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY- S	T-ZIP	•		
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADORESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

Conch Republic

January 8 Date 1998