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**PROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

33 MAY - 1 AM 10: 15

DOCUMENT # J45377

(5)

1. Corporation Name

GULF ATLANTIC MILLWORK, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~PO BOX 2920~~

~~PO BOX 2920~~

~~WINTER HAVEN FL 33883~~

~~WINTER HAVEN FL 33883~~

**4709 CRUMP ROAD
LAKE HAMILTON, FL. 33851**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1986

3a. Date of Last Report

04/25/1994

4. FEI Number

59-2749242

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 has liability for intangible tax under S. 198.032
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

4709 CRUMP ROAD

P.O. BOX 125

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23. City & State

27. City & State

LAKE HAMILTON, FL

LAKE HAMILTON, FL

Zip

Country

Zip

Country

33851

POLK

33851

POLK

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASEY, ALLAN L
395 AVENUE C, NW
WINTER HAVEN FL 33883**

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

(Signature typed or printed name of registered agent and title if applicable)

(If OFF: Registered Agent corporation required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME

**PO
IRVIN, E. A.
P.O. BOX 2920 N/A
WINTER HAVEN FL**

11. TITLE
12. NAME

**1022 EDGEWATER DR
P.O. BOX 125
WINTER HAVEN, FL, 33884
LAKE HAMILTON, FL. 33851**

TITLE
NAME

**VO
IRVIN, RITA M.
P.O. BOX 2920 N/A
WINTER HAVEN FL**

21. TITLE
22. NAME

**1022 EDGEWATER DR
P.O. BOX 125
WINTER HAVEN, FL. 33884
LAKE HAMILTON, FL. 33851**

TITLE
NAME

**D
IRVIN, ALAN SCOTT
705 WATERBRIDGE DR
WINTER HAVEN FL**

31. TITLE
32. NAME

**507 WATER BRIDGE DR.
WINTER HAVEN FL. 33880**

TITLE
NAME

**STD
IRVIN, JOSEPH MARK
P.O. BOX 2920 N/A
WINTER HAVEN FL**

41. TITLE
42. NAME

**1022 EDGEWATER DR.
P.O. BOX 125
WINTER HAVEN FL 33884
LAKE HAMILTON, FL. 33851**

TITLE
NAME

STREET ADDRESS

CITY, ST, ZIP

51. TITLE
52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

TITLE
NAME

STREET ADDRESS

CITY, ST, ZIP

61. TITLE
62. NAME

63. STREET ADDRESS

64. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

B. M. Irvin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-95 813-439-2288

Date (Signature Block 8)