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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J45377

(5)

FILED
Apr 09 1997 8:00am
Secretary of State

GULF ATLANTIC MILLWORK, INC.  Principal Place of Business Mailing Address  4709 CRUMP ROAD P.O. BOX 125 LAKE HAMILTON FL 33851 US								
					3. Date Incorporated or Qualified 12/04/1986		e of Last 5/1996	Report
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			59-2749242			Not Applicable
Suite, Ap	ot #, €tc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional Required
City & St	tate	City & State			Election Campaign Financing     Trust Fund Contribution			May Be d to Fees
Ζφ <b>24</b>	Country 25	Zip 29	Соып <b>30</b>	ilry	This corporation has liability for in Florida Statutes	intangible		s. 199.032,
	9. Name and Address of Curre				10. Name and Address of New Re			
CA	ISEY, ALLAN L.			Name				
	5 AVENUE C, NW NTER HAVEN FL 33883			Street Ac	ddress (P.O. Box Number is Not Acceptat	ole)		
			]_	34 City		C1	85 Zır	p Code
agent.	ı əni tamıllar with, and accept the obit		lastin Orea.	dy the despon	tation a board of diffectors. I flereby accep			
SIGNATUR	E Signature typedice printed name of registered a	gent and little if appticable. (NC	TE: Reg stered		orporation submits this statement for the pration's board of directors. I hereby acception and the property of	DATE		
SIGNATUR	F Suprature typed or printed name of registered a OFFICERS A			Agent signature re		DATE		DRS IN 12
SIGNATUR	F Signature typed or printed name of registered a OFFICERS A	gent and life if applicable. (NC ND DIRECTORS	TE: Registered	Agent signature red	quired when reinstating)	DATE	DIRECTO	DRS IN 12
SIGNATUR 12.	F Sujnature typed or printed name of registered a OFFICERS A P IRVIN, E. A.	gent and life if applicable. (NC ND DIRECTORS	13. 1.1 TITL	Agent signature red	quired when reinstating)	DATE	DIRECTO	DRS IN 12
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14. I do hereby certily 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 of changed, or on an attachment with an address.

SIGNATURE:

THE AND TYPED ON FRINTED HAME OF SIGNING OFFICER ON DIRECTOR

4/3/97 941-439-2288