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Mar 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J80865

(5)

1. Corporation Name

SAUTER FRAMING, INC.

Principal Place of Business

3405 E. STAGE COACH TRAIL
3405 E STAGE COACH TRAIL
INVERNESS FL 34452
US

Mailing Address

3405 E. STAGE COACH TRAIL
3405 E STAGE COACH TRAIL
INVERNESS FL 34452-9234
US



2. Principal Place of Business

21 6981 S ALOYSIA AVENUE
Suite, Apt. #, etc.

22 City & State

23 FLORAL CITY FL

24 Zip 34436-2843 25 Country

2a. Mailing Address

26 6981 S ALOYSIA AVENUE
Suite, Apt. #, etc.

27 City & State

28 FLORAL CITY FL

29 Zip 34436-2843 30 Country

3. Date Incorporated or Qualified
06/29/1987

3a. Date of Last Report
02/28/1996

4. FEI Number
59-2840029

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. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SAUTER, TIM K.
3405 E. STAGE COACH TRAIL
INVERNESS FL 34452

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
6981 S ALOYSIA AVENUE

83

84 City

FLORAL CITY

FL

85 Zip Code

34436-2843

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SAUTER, TIM K.
STREET ADDRESS 3405 E. STAGE COACH TRAIL
CITY-ST-ZIP INVERNESS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 6981 S ALOYSIA AVENUE
1.4 CITY-ST-ZIP FLORAL CITY FL 34436-2843

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 this 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

TIM K SAUTER

PRESIDENT

3/10/97

352-726-2811

CR2E034 (9/96)