## 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 # 1. Corporation Name

K06767

(3)

SALAS CARPENTRY CONTRACTOR, INC.

**FILED** Apr 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address										
8	6 Michael A. Salas 0029 Childers St. Ionita Springs Fl. 34135 Is	10929 CHILDER	% Michael A. Salas 10929 Childers St. Bonita Springs Fl 33923			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
	•					12/14/1987				
2.	Principal Place of Business	2a. Mailing Add	ress			4. FEI Number		Applied For		
21		26				65-0021095		Not Applicable		
22	Suite, Apt. #, etc.	Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired 38.75 Additional Fee Required				
23	City & State	City & State				6. Election Campaign Financing Trust Fund Contribution Added to Fe		.00 May Be Ided to Fees		
24	Zip Country 25	Ζφ <b>29</b>	30 Coun	try			Yes	ar Intangible		
Name and Address of Current Registered Agent						10. Name and Address of New Registered	of New Registered Agent			
l	SALAS, MICHAEL A.		Į.	31	Name					
10929 CHILDERS ST. BONITA SPRINGS FL 34135					Street Address (P.O. Box Number is Not Acceptable)					
						3				
			ē	34	City	FL	85	Zip Code		
11	<ol> <li>Pursuant to the provisions of Sections 60</li> </ol>	7 0502 and 607 1508. Flori	da Statutes, the abo	wa	-nemed corne	vation submits this statement for the nursees o	Chana	ing its registered		

runsuant 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 signature required when reinstating) DATE													
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR									
TITLE	D	DELETE	1.1 TITLE	Change	Addition								
NAME	SALAS, MICHAEL A.		1.2 NAME										
STREET ADDRESS	10929 CHILDERS ST.		1.3 STREET ADDRESS										
CITY-ST-ZIP	BONITA SPRINGS FL		1.4 CITY-ST-ZIP										
TITLE	D	☐ DELETE	21 TITLE	☐ Change	☐ Addition								
NAME	SALAS, MARGARET L.		2.2 NAME										
STREET ADDRESS	10929 CHILDERS ST.		2.3 STREET ADDRESS										
CITY - ST - ZIP	BONITA SPRINGS FL		2. 4 CITY-ST-ZIP										
TITLE		DELETE	3.1 TITLE	☐ Change	Addition								
NAME			3.2 NAME										
STREET ADDRESS			3.3 STREET ADDRESS										
CITY-ST-ZIP			3.4. CITY - ST - ZIP										
TITLE		DELETE	4.1 TITLE	Change	Addition								
NAME			4. 2 NAME										
STREET ADDRESS			4 3 STREET ADDRESS										
CITY - ST - ZIP			4.4 CITY-ST-ZIP										
TITLE		DELETE	5 1 TITLE	Change	Addition								
NAME			5.2 NAME										
STREET ADDRESS			5.3 STREET ADDRESS										
CITY-ST-ZIP			5.4 CITY-ST-ZIP										
TITLE		☐ DELETE	6.1 TITLE	Change	Addition								
NAME			6.2 NAME										
STREET ADDRESS			6.3 STREET ADDRESS										
CITY-ST-ZIP	•		6.4 CITY - ST - 7IP										

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.