## 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 # K15540

(3)

WOODWORKS FRAME CARPENTRY, INC.

Principal Place of Business	Mailing Address	
4939-26TH AVE S.E. NAPLES FL 34117 US	4939-26TH AVE., S.E. NAPLES FL 34117 US	DO NOT WRITE IN THIS SPACE
		3. Date Incorporated or Qualified
		02/17/1988
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied Fr

21 26 Not Applicable 65-0044528 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 25 28 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GUNDECK, SCOTT 4939 26TH AVE. S.E. 82 Street Add NAPLES FL 33964 83 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named coloration 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. -Gundeck 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 DELETE TITLE 1 1 TITLE Change Addition **GUNDECK, SCOTT** NAME 1.2 NAME 4939 26TH AVE. S.E. STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 1.4 City-ST-ZIP Change TITLE DELETE Addition 21 TITLE GUNDECK, BETTY E. 2.2 NAME 4939 26TH AVE. S.E. STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change 41 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607 are under the corporation or the receiver or trustee empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

SIGNATURE:

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

Addition

**FILED** 

Feb 17 1998 8:00am

Secretary of State

Applied For