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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K15540 1. Corporation Name

WOODWORKS FRAME CARPENTRY, INC.

FILED Jan 20, 1999 8:00am **Secretary of State**

01-20-1999 90026 049 ***150.00



Principal Place	of Business		lailing Address					, , ,	
4939-26TH AVE., S.E. NAPLES FL 34117 US			09-26TH AVE S.E.						
			NAPLES FL 34117 US			DO NOT WRITE IN THIS SPACE			
)3		0.0	,			3. Date Incorporated or Quali	fed		
						02/17/1988			
2. Principal Pla	ce of Business	2a	. Mailing Address			4. FEI Number			lied For
1		26				65-0044528			Applicable
Suite, Apt. #	i, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desire	d \square	\$8.75 A	
2		27				0. 00.		Fee Red	
City & State			City & State			6. Election Campaign Financi	ing 🗆	\$5.00 (
:3		28				Trust Fund Contribution		Added to	rees
Zip	Country		Zip	Count	try	8. This corporation owes the	current year li	ntangible □ Yes	□No
4	25	29	<u> </u>	30		Personal Property Tax. 10. Name and Address of Ne	Bogistoro		
	9. Name and Addres	s of Current Regi	stered Agent		31 Name	10. Name and Address of Ne	w Kegistere	1 Agent	**
OLIME	SECK COOTT	,		ľ					
	DECK, SCOTT			8	32 Street Ad	ddress (P.O. Box Number is Not Acc	eptable)		
	26TH AVE S.E.			L.			·	4 4	519 2 Tar (#21
NAPL	ES FL 34117				83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
				1	84 City			85 Zip C	ode
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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 ecover 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 a attraction with an address, with all other like empowered.

SIGNATURE: