

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K23474** (5)

1. Corporation Name

WOLF FRAME & TRIM, INC.

Principal Place of Business

**8255 SHAW RD
BROOKSVILLE FL 34602**

Mailing Address

**8255 SHAW RD
BROOKSVILLE FL 34602**

3. Date Incorporated or Qualified
05/10/1988

3a. Date of Last Report
05/10/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2935789

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

**KUTCHINS, BRYAN A.
1000 STATE ROAD 584 W
OLDSMAR FL 34677**

10. Name and Address of New Registered Agent

81 Name

KARL J. WOLF

82 Street Address (P.O. Box Number is Not Acceptable)

8255 SHAW ROAD

83

84 City

BROOKSVILLE

FL

85

Zip Code
34602

11. Pursuant to the provisions of Sections 607.0201 and 607.0505, 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 the date

(NOTE: Registered Agent Signature is required when registering)

DATE

4/28/96

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

WOLF, KARL J.

STREET ADDRESS

8255 SHAW RD

CITY - ST - ZIP

BROOKSVILLE FL

TITLE

V

☒ DELETE

NAME

MILLER, WILLIAM

STREET ADDRESS

802B ST PETE DR W

CITY - ST - ZIP

OLDSMAR FL

TITLE

S

☒ DELETE

NAME

JENTILE, JOSEPH

STREET ADDRESS

13901 NO FLORIDA AVE #A14

CITY - ST - ZIP

TAMPA FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change ☐ Addition

2. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

2. TITLE

2. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

3. TITLE

3. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

4. TITLE

4. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

5. TITLE

5. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

6. TITLE

6. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KARL J. WOLF

2/23/96

352-799-7328

CR2E034 (12/95)