FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

•	1999 DIVISION OF CORPORATIONS				04-06-1999 90087 011 ***150.00			
DOCUN 1. Corporation	MENT # K23474							
WOLF FRAME & TRIM, INC.								
Principal Place of Business Mailing Address								
8255 SHAW RD 8255 SHAW RD								
BROOKSVILLE FL 34602 BROOKSVILLE FL 34602					DO NOT WRITE IN THIS	SPACE		
	•				3. Date Incorporated or Qualifed			
					05/10/1988			
Principal Place of Business Za. Mailing Address					4. FEI Number	Apr	lied For	
21	26				59-2935789		Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A		
22 27						Fee Red	·	
City & State City & State					6. Election Campaign Financing	\$5.00		
23	. 28			<u></u>	Trust Fund Contribution	Added to	o rees	
Zip	Country Zip Cour			,	8. This corporation owes the current year Intangible Personal Property Tax. Yes No			
24 25 29 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered			
	5. Name and Address of Current	. Itagiotal de rigott	81	Name				
WOLF, KARL J.			82		Address (P.O. Box Number is Not Acceptable)			
8255 SHAW RD.				Street	Address (P.O. Box Number is Not Acceptable)			
BROOKSVILLE FL 34602								
				015		85 Zip C	`ode	
				City	FL	. '		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the abov	e-named o	corporation submits this statement for the purpose of	changing its	registered	
office or n	egistered agent, or both, in the State om m familiar with, and accept the obligat	of Florida. Such change was autrions of, Section 607.0505, Florid	iorized by a Statutes	tne corpo 3.	oration's board of directors. I hereby accept the appoir	itinent as reg	,	
SIGNATURE	,							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				nt signature re	equired when reinstating) DATE	D DIRECTO	DC IN 12	
12.	OFFICERS AND DIRECTORS 13.			- 1	ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition	
TITLE	D NOTE KADA I	L. DECETE	1.1 TITLE			د د د د د د د د د د د د د د د د د د د		
NAME	1102. 1104.2 0.		1.2 NAME	T ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP TITLE			1.4 CITY-5 2.1 TITLE	51-ZIP		[] Change	☐ Addition	
NAME	_		2.2 NAME				}	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			2.º4 CITY-		ها جا الله الله الله المحال المحا			
TITLE	☐ DELETÉ 3.1 T		3.1 TITLE			Change	☐ Addition	
NAME	3.21		3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE	DELETE 4.1 TI		4.1 TITLE	}		☐ Change	☐ Addition	
NAME :			4. 2 NAME				ļ	
STREET ADDRESS			4.3 STREE	T ADDRESS			Í	
CITY-ST-ZIP				ST-ZIP			CT Addition	
TITLE	DELETE 5.1T			Ī		☐ Change	Addition	
NAME	,		5.2 NAME	T ADDRESS				
STREET ADDRESS			5.4 CITY-5					
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	ויער		Change	Addition	
NAME	:		6.2 NAME				ا	

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 thanged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

FILED Apr 06, 1999 8:00 am Secretary of State

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