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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # K76246
RELIABLE WOOD PRODUCTS, INC.

(3)

FILED
May 09 1997 8:00am
Secretary of State

Change

Change

☐ Change

Addition

Addition

Addition

Principal Place of Business Mailing Address 14909 W. COLONIAL DR. P. O. BOX 770217 WINTER GARDEN FL 34787 WINTER GARDEN FL 34777-02 US US					77-0217								
									3. Date Incorporated or Qualified 03/23/1989		e of Last f 1/1996	₹eport	
2. Principal Place of Business				28. Mailing Address					4. FEI Number		A	pplied For	
21				26					59-2940738			ot Applicable	
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		4	Additional equired	
City & State				City & State 28				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees		
Zip	Country			Zip	Zip Cou			8. This corporation has liability for					
24	25		29		30				TIOTOG CILIOTOG		No		
9. Name and Address of Current Registered Agent						-l			10. Name and Address of New Re	gistered A	gent		
REINER, JACK M. J						81	Name						
14909 W. COLONIAL DRIVE						82	Street	Addres	ress (P.O. Box Number is Not Acceptable)				
WINTER GARDEN FL 34787													
						83							
						84	City			FL	'	Code	
11. Pursuant office or i agent. I a	to the provisions egistered agent, im familiar with, a	of Sections 607.0 or both, in the Standaccept the ob	0502 and 6 ale of Flori digations o	07.1508, Florida Statu da. Such change was f, Soction 607.0505, F	ites, the authoriz Iorida St	abovo ed by atutes	e-named the cor s.	d corpor rporation	ation submits this statement for the n's board of directors. I hereby acce	purpose of pt the appo	changing intment a	its registered s registered	
SIGNATURE	Size Land	ated pages at constant	a post and till	Harvitzakla (NC	Mr. Panele	rod Age	not element in	re required	when reinstating)	DATE			
Signature, typed or printed name of registered age 12. OFFICERS AN:				ID DIRECTORS			> i. arguatur	10 TBQOILGO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	T 0	C. COLITO		DELETE		TILE		T			Change	Addition	
NAME	REINER, ROI	Bert J.					1.2 NAME						
STREET ADDRESS	ADDRESS 14909 W. COLONIAL DR.			1.3			3 STREET ADDRESS						
CITY-ST-ZIP	WINTED CADDEN EI			1.4			5T - 21P						
TITLE	DP			DELETE		MLE					Change	Addition	
NAME	REINER, JAC	K M., JR			2.2	NAME							
STREET ADDRESS	14909 W. CO	DLONIAL DRIVE			2.3	STREET	ADDRESS						
CITY-ST-ZIP	WINTER GAI	NDEN FL			2 -	CITY-	S1 - ZIP						
TITLE				DELETE		TITLE					Change	Addition	
NAME					3.2	NAME							
STREET ADDRESS					3 3	STREE 1	ADDRESS						

14. I do 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 is managed, or on an argument with an address.

3.4 CITY - ST - ZIP

4,3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

4.1 TITLE

4. 2 NAME

5 1 11TLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

DELETE