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 #

K84776

(9)

L & V CARPENTRY, INC.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FILED Feb 23 1998 8:00am Secretary of State

Change

Addition

Principal Place	e of Business	Mailing Address			J (BAIDILL DAL IBIN BIÐIN 1	YBU IMBED DAN	I WINTE WINTE	1811 AIBIT BÍA	(1 9(0)) 1 99)		
% STEVEN A. SPENCER 1900 EAST ROBINSON STREET ORLANDO FL 32803			% steven a. Spencer 1900 east robinson street Orlando fl. 32803			DON	OT WRITE	IN THIS SI	PACE		
OILDINGO I E	•						3. Date incorporated or	Qualified			
							05/02/1989				
	lace of Business		2a. Mailing Address			4. FEI Number				pplied For	
21			26			59-2948771				ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status D	esired		4	Additional equired		
City & State	е	City & State			 6. Election Campaign File Trust Fund Contribution 	•			May Be to Fees		
Zip	Zip Country			Zip Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent							10. Name and Address (f New Reg	gistered A	gent	
SPENCER, STEVEN A						Name					
1900 EAST ROBINSON STREET ORLANDO FL 32803					82	Street Ac	dress (P.O. Box Number is No	Acceptab	le)		•
					83			,			
						City			FL	85 Zip	Code
11. Pursuant office or r agent. I a SIGNATURE	ım t am ıllar with, a	ind accept the oblig	ations of, Section 60/	.0505, FIORC	ia Statute	s. 	orporation submits this stateme ration's board of directors. I he	nt for the p eby accep	or the appo	changing intment as	its registered s registered
10	Signature, typed or pri	nted name of registered ag-	gent and title if applicable (NOTE: Regis ND DIRECTORS			and Agent agreement requires missing and			DIRECTO	BS IN 12	
12.	PST	OTTIGETIS AL		ELETE	1.1 TITLE		ADDITIONOJOTUMA	10 01110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition
NAME	ALDRICH, L	FWIS I			1.2 NAME						
1	STREET ADDRESS 25918 SACKAMAXON DR.			1.		ADDRESS					
CITY-ST-2IP MT. PLYMOUTH FL 32776					1.4 CITY-ST-ZIP						
TITLE	D	• • • • • • • • • • • • • • • • • • • •		ELET E	2.1 TITLE					Change	Addition
NAME	ALDRICH, U	EWIS L			2.2 NAME						
STREET ADDRESS				2.3		ADDRESS					
CITY-ST-ZIP	MT. PLYMO	UTH FL 32776			2. 4 CITY-	ST-ZIP					
TITLE				DELETE	3.1 TITLE	!				Change	Addition
NAME					3.2 NAME						
STREET ADDRESS					3.3 STREE	ADDRESS					
CITY-ST-ZIP					3.4. CITY -	SY-ZIP				Change	Addition
TITLE				DELETE	4.1 TITLE				ļ	☐ Change	Addition
NAME					4. 2 NAME						
STREET ADDRESS					4.3 STREE						
CITY-ST-ZIP	ļ <u> </u> .		- 1.	DELETE	4.4 CITY - 5	ST- ZIP				Change	Addition
TITLE			ا لیا	JEL EIE	5.1 TITLE	1				criange	
NAME	1				5.2 NAME	1					

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 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

☐ DELETE