FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:37

DOCUMENT # L23694 (7)

1. Corporation Name
SOUTH LAKE CARPENTRY, INC.

Principal Place of Business	Mailing Address
10705 POINT OVERLOOK DR P O BOX 2404 CLERMONT FL 34711 US	P O BOX 2404 402 WEST WASHINGTON ST MINNEOLA FL 34711 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/17/1989
3a. Date of Last Report: 05/20/1994

2. Principal Place of Business
21: 11601 Audubond Lane
22: Suite, Apt. #, etc.
23: City & State: Clermont, Florida
24: Zip: 34711
25: Country: USA

2a. Mailing Address
26: 11601 Audubond Lane
27: Suite, Apt. #, etc.
28: City & State: Clermont, Florida
29: Zip: 34711
30: Country: USA

4. FEI Number: 59-2968841 ☐ 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

DUKES, CHARLES E.
10705 POINT OVERLOOK DR
CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name: Dukes, Charles E.
82 Street Address (P.O. Box Number is Not Acceptable): 11601 Audubond Lane
83: Clermont, Florida 34711
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	DUKES, CHARLES E.	12 NAME	PD Dukes, Charles E.
STREET ADDRESS	10705 POINT OVERLOOK DR	13 STREET ADDRESS	11601 Audubond Lane
CITY-ST-ZIP	CLERMONT FL	14 CITY-ST-ZIP	Clermont, Florida 34711
TITLE	VST	21 TITLE	☒ Change ☐ Addition
NAME	DUKES, NANCY I.	22 NAME	VST Dukes, Nancy I.
STREET ADDRESS	10705 POINT OVERLOOK DR	23 STREET ADDRESS	11601 Audubond Lane
CITY-ST-ZIP	CLERMONT FL	24 CITY-ST-ZIP	Clermont, Florida 34711
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	PERMITTED BY MAY 1
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0462663 FP