

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 PM 11:43

DOCUMENT # **L26057** (4)

1. Corporation Name:

ARCHITECTURAL WOODWORKS & CABINETRY, INC.

Principal Place of Business

**931 WEST 15TH STREET
RIVIERA BEACH FL 33404**

Mailing Address

**931 WEST 15TH STREET
RIVIERA BEACH FL 33404**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/30/1989

3a. Date of Last Report

07/28/1994

4. FEI Number

65-0153241

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

2. Principal Place of Business

21 1649 AVE L

2a. Mailing Address

26 1649 AVE L

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 RIVIERA BEACH, FLA

City & State

28 RIVIERA BEACH FLA

Zip

Country

24 33404

Zip

Country

29 33404

30

9. Name and Address of Current Registered Agent

**WITKOWSKI, RONALD
12788 W FOREST HILL BLVD
W PALM BEACH FL 33414**

10. Name and Address of New Registered Agent

81 Name

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

83

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

Signature, typed or printed name of registered agent and the filer (applicant)

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILLIAMS, WILSON C.
STREET ADDRESS	931 15TH STREET
CITY, ST, ZIP	RIVIERA BEACH FL
TITLE	VPM
NAME	O'MEARA, BRIAN
STREET ADDRESS	931 W. 15TH ST.
CITY, ST, ZIP	RIVIERA BCH FL
TITLE	ST
NAME	WILLIAMS, W W
STREET ADDRESS	981 W. 15TH STREET
CITY, ST, ZIP	RIVIERA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby verify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 as an attachment with an address.

SIGNATURE:

W.C. Williams **Rev.**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

1/10/95 **407-848-8595**
DATE TELEPHONE