05-06-1999 90141 032 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **L26278**

1. Corporation Name

DOUBLE FAGLE WOODWORKING INC

DOUBLE	LAGEL WOODWONKI	140, 1110.				
Data do et Di	at D. sienne	Molling Address			- BINDAN DINDIN NATURA DINDIN NATURA NA	I
Principal Place		Mailing Address				
1526 3RD AVE BRADENTON FL		1526 3RD AVE W BRADENTON FL 34205				
BRADENIUM FL	. 34205	BRADENION PL 34203		DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualifed		$\neg$
				10/27/1989		[
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	一
21	1	26		65-0160317	Not Applicable	ie
Suite, Apt.	# etc.	Suite, Apt. #, etc.	<del></del>		\$8.75 Additional	ヿ
22	., -, -	27		5. Certificate of Status Desired	Fee Required	Ì
City & State	e	City & State	<del></del>	6. Election Campaign Financing	\$5.00 May Be	_
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year	ntangible ,	
24	. 25	29	30	Personal Property Tax.	☐ Yes X No	
1	9. Name and Address of C	Current Registered Agent		10. Name and Address of New Registere	d Agent	
WAL	LACE, JAMES M.		81 Name	Stave, Melvi	2 F.	
420 OLD MAIN ST.		82 Street Add	ress (P.O. Box Number is Not Acceptable)		-	
	DENTON FL 34205		83	1326 3- AVE W		$\dashv$
	1				lead 7: Out	
1			84 City	Bradenton F	L 85 Zip Code	
11. Pursuant	to the provisions of Sections 60	07.0502 and 607.1508. Florida Statute	s, the above-named corp	sensite a colonia this atotomont for the purpose	of changing its registered	$\vdash$
office or r	egistered agent, or both, in the	State of Florida. Such change was au	thorized by the corporation	on's board of directors. I hereby accept the app	ointment as registered	
l .	m ramiliar win, and accept the	obligations of, Section 607.0505, Flori	da Statutes.		4.29.99	ļ
SIGNATURE	Algnature, typed or printed name of registe	are tilagent and title if applicable (NOTE:	Registered Agent signature require	ad when reinstating) DATE	10111	1
12.	<del></del>	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE		Change	ion
NAME	STOWE, MELVIN F.		1.2 NAME	A		- 1
STREET ADDRESS	2311-20TH AVE: WEST-		1.3 STREET ADDRESS	526 3rd Ave W		- {
CITY-ST-ZIP	BRADENTON FL		14 CITY-ST-ZIP	Bradenton FL 34Z	05	
TITLE	DST	☐ DELETE	2.1 TITLE		Change Addit	ion
NAME	STOWE, RAYMA J.		2.2 NAME	4 4 -		Ì
STREET ADDRESS	-2311-20TH AVE. WEST-		2.3 STREET ADDRESS	526 3rd Ave W		
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-ST-ZIP	526 3rd Ave W Bradeston 194 342	95-	
TITLE		☐ DELETE	31 TITLE		Change Additi	ion
NAME			3.2 NAME			- 1
STREET ADDRESS						- 1
CITY-ST-ZIP			3.3 STREET ADDRESS			- 1
0			3.3 STREET ADDRESS			
) TITLE )		☐ DELETE			Change Addit	ion
		☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		Change Addit	ien
NAME		☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME		Change Addit	ion
NAME STREET ADDRESS		☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		Change Addit	ion
NAME STREET ADORESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME		☐ Change ☐ Addit	
NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE			
NAME STREET ADDRESS CITY-ST-ZIP TITLE			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME			

6.4 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS