FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # (9) KLAYBOR FRAMING, INC. Principal Place of Business Mailing Address 4361 HUNTINGTON FOREST BLVD 4361 HUNTINGTON FOREST BLVD JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/28/1990 28. Mailing Address 28. 11445 (Pandence) 4. FEI Number 2. Principal Place of Business Applied For 11445 Wandering Pines 59-3005231 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Jack sons Trust Fund Contribution Added to Fees Country Country 6. This corporation owes or has paid the current year Intangible Dula Yos Yes Personal Property Tax due June 30. Name and Address of New Registered Agent R1 Name KLAYBOR, NEIL S Ne:1 S. Klaykor 4361 HUNTINGTON FOREST BLVD Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32257 11445 Wandering R3 Zip Code **3 3>58** 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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes 4-10-98 SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change KLAYBOR, NEIL S NAME 1.2 NAME Kloyber, Neil S 4361 HUNTINGTON FOREST BLVD wondering Pines. Ln. STREET ADDRESS 1.3 STREET ADDRESS 11445 JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE Addition 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETË Addition 6.1 TITLE

NATURE: NIN MANUEL DE DESERVE 4-10-98 904-125-1

n attachment with an address.

6.2 NAME

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

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

NAME

STREET ADORESS

CITY-ST-ZIP