FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT FLORIDA DEPARTMENT OF STATE Jan 16 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name (6)L67706 ON THE LEVEL CARPENTRY, INC. Principal Place of Business Mailing Address 3636 JIM KIM LN 3636 JIM KIM IN LAKELAND FL 33813 LAKELAND FL 33813 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/16/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3003573 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 25 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CREMEANS, MARK A. 3636 JIM KIM LN Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33813 83 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 title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change CREMEANS, MARK AHSLEY NAME 1.2 NAME 3636 JIM KIM LN STREET ADDRESS 1.3 STREET ADDRESS LAKELAND FL CITY-ST-ZIP 1.4 CITY - ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 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 MILE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

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Chance

Addition

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, of on an attachment with an address.

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

TITLE

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP