

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

**FILED**  
**May 01 1997 8:00am**  
**Secretary of State**



PROFIT CORPORATION  
 ANNUAL REPORT  
 1997

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

**DOCUMENT # L69423 (6)**  
 1. Corporation Name  
**MIKE WHALEN CUSTOM CARPENTRY INC.**



Principal Place of Business      Mailing Address  
**% MICHAEL WHALEN**      **% MICHAEL WHALEN**  
**2520 DAVIS BLVD., SUITE #C**      **2520 DAVIS BLVD., SUITE #C**  
**NAPLES FL 33942**      **NAPLES FL 34104-4361**

3. Date Incorporated or Qualified: **04/27/1990**      3a. Date of Last Report: **05/01/1996**  
 4. FEI Number: **65-0202914**      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      2a. Mailing Address  
 21. **6201 Lee Ann Lane**      26. **6201 Lee Ann Lane**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 22. **-**      27. **-**  
 City & State      City & State  
 23. **Naples FL**      28. **Naples FL**  
 Zip      Country      Zip      Country  
 24. **34109**      25. **USA**      29. **34109**      30. **USA**

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent  
**WHALEN, MICHAEL**      81. Name  
**2520 DAVIS BLVD., SUITE C**      82. Street Address (P.O. Box Number is Not Acceptable)  
**NAPLES FL 33942**      **6201 Lee Ann Lane**  
 83.      84. City **Naples**      85. Zip Code **FL 34109**

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: *Michael J. Whalen*      DATE: **3/21/97**  
(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHALEN, MICHAEL J.</b>	1.2 NAME	
STREET ADDRESS	<b>1792 HOLIDAY LN.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEPPEL, NANCY A.</b>	2.2 NAME	
STREET ADDRESS	<b>1792 HOLIDAY LN.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *X Michael J. Whalen*      DATE: **3/21/97**      Daytime Phone #: **(941) 793-2100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR TRUSTEE

CR2E034 (9/96)