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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(8)

ACE CARPENTRY, INC.

FILED Mar 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					T TO REPORTE THE HORSON HEIST TIMES STATE SOUTH BEING STATE OF	YII OIOII BHBAL OIBIA	DIDII MEI	
2481 ANASTA SOUTH DAYT	SIA DR ONA FL 32118-3305	2461 ANASTASIA DR SOUTH DAYTONA FL 3	2461 ANASTASIA DR SOUTH DAYTONA FL 32119-3305			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 03/22/1988		
2. Principal P	lace of Business	2a. Mailing Address	Mailing Address			4. FEI Number	IADI	plied For
26						59-2882431	 	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	- 1
22	27					5. Commonto di Ciardo Dodino	Fee Rec	quired
City & State	State City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	
Zip	Country	Zip	Cou	untry		8. This corporation owes or has paid the o		
24	25	29	30			Personal Property Tax due June 30.		No No
	g. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New Registere	T Agent	
JONES, FREEMAN L., JR.				ĽĽ	Name			
2461 ANASTASIA DRIVE SOUTH DAYTONA FL 32019				82	Street Addres	Address (P.O. Box Number is Not Acceptable)		
30	UIN DATTUNA FE 32018			83				
				84	City	F	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508, Florida State	ites, the a	pove-i	named corpo	ration 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	,							-
O G G G G G G G G G G G G G G G G G G G	Signature, typed or prinled name of registered			d Agent	signature required			
12.	OFFICERS A	AND DIRECTORS DELETE	13.	CTI E	·····r	ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS Change	S IN 12 Addition
TITLE NAME	IONEO EDEEMAN I IO			1.1 TITLE 1.2 NAME		•	C Criange	L Addition
STREET ADDRESS	2461 ANASTASIA DR			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				
CITY-ST-ZIP	S DAYTONA FL							
TITLE	DELETE 2.11				· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME			2.2 N	AME				
STREET ADORESS		2.3		TREET AL	DDRESS			İ
CITY-ST-ZIP	2.4		2.40	2. 4 CITY-ST-ZIP				
TITLE	DELETE 3.1		3.1 1	3.1 TITLE			Change	Addition
NAME	32		3.2 N	AME				
STREET ADDRESS	}			TREET AC				
CITY-ST-ZIP			CITY-SI-	- ZIP		Change	Addition	
TITLE		☐ DELETE	4.1 T)				Gliange	LI ADDITION 1
NAME			4.2 N		200000			
STREET ADDRESS				TREET AC				
CITY-ST-ZIP TITLE		☐ DELETE	51 T	ITY-ST-	ZIF		Change	Addition
NAME			5.2 N				_ •	_
STREET ADDRESS			1	TREET AC	ODRESS			1
CITY-ST-ZIP				ITY-ST-				
TITLE		☐ DELET E	6.1 TI				☐ Change	Addition
NAME	_		6.2 N	2 NAME				İ
STREET ADDRESS			6.3 S	TREET AC	DDRESS			
CITY-ST-ZIP			6.4 C	ITY-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.