

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M85455

(7)

1. Corporation Name
DEVINE CARPENTRY, INC.



Principal Place of Business
2527 SW 15TH AVE
CAPE CORAL FL 33914

Mailing Address
2527 SW 15TH AVE
CAPE CORAL FL 33914

3. Date Incorporated or Qualified
06/09/1988

3a. Date of Last Report
06/09/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0057085

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEVINE, MICHAEL D
2527 SW 15TH AVE
CAPE CORAL FL 33914-1145

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

13180 No. Cleveland Ave Suite 218

83 No. Ft. Myers

84 City

FL

85 Zip Code

33903-6231

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 for all other corporations

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DEVINE, MICHAEL D.
STREET ADDRESS 2527 SW 15TH AVENUE
CITY-ST-ZIP CAPE CORAL FL

☐ DELETE

TITLE STD
NAME DEVINE, LINDA A.
STREET ADDRESS 2527 SW 15TH AVE
CITY-ST-ZIP CAPE CORAL FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE No.
1.2 NAME
1.3 STREET ADDRESS 13180 Cleveland Avenue Suite 218
1.4 CITY-ST-ZIP No. Ft. Myers, FL 33903-6231

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME No.
2.3 STREET ADDRESS 13180 Cleveland Ave Suite 218
2.4 CITY-ST-ZIP No. Ft. Myers, FL 33903-6231

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)