FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUL 11 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38222 (8)

1. Corporation Name
CARPENTERS LOCAL UNION NO. 130 HOLDING CORPORATI ON, INC.

Principal Place of Business	Mailing Address
1810 OLD OKEECHOBEE ROAD WEST PALM BEACH FL 33409	1810 OLD OKEECHOBEE ROAD WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/18/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0356006 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DUBIN, F. KEITH, ESQUIRE
3900 WOODLAKE BLVD., STE. 212
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

81 Name: Howard Susskind
82 Street Address (P.O. Box Number is Not Acceptable): 5959 Blue Lagoon Drive
83: Suite 150
84 City: Miami, 85 FL Zip Code: 33126

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: Howard Susskind Attorney at Law — 3-29-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	DEESE, THOMAS C.	1.2 NAME	GERVAIS, MARK	
STREET ADDRESS	7484 CANAL DR	1.3 STREET ADDRESS	515 LINDEN LANE	
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	STUART, FL 34997	
TITLE	VD	2.1 TITLE	VICE-PRESIDENT	☒ Change ☐ Addition
NAME	OKELL, JAMES M.	2.2 NAME	KEIFFER, DONALD	
STREET ADDRESS	245 3RD ST BLV PK	2.3 STREET ADDRESS	6201 Sanata Catalina Lot 59	
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP	W. PALM BEACH, FL 33415	
TITLE	RS	3.1 TITLE	RECORDING SECRETARY	☒ Change ☐ Addition
NAME	SCOVILLE, WILLIAM C.	3.2 NAME	CUNNINGHAM, JAMES R.	
STREET ADDRESS	7501 DONLON ROAD	3.3 STREET ADDRESS	564 FERGUSSON LANE	
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP	W. PALM BEACH, FL 33415	
TITLE	FST	4.1 TITLE		☐ Change ☐ Addition
NAME	SEIDEL, DANIEL T.	4.2 NAME	500001536105	
STREET ADDRESS	2674 S. W. CAMEO BLVD.	4.3 STREET ADDRESS	-07/12/95--01080--004	
CITY-ST-ZIP	PT. ST. LUCIE FL	4.4 CITY-ST-ZIP	****130.00 ****130.00	
TITLE	D	5.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	CUNNINGHAM, JAMES R.	5.2 NAME	ONEILL, CHRISTOPHER T.	
STREET ADDRESS	564 FERGUSSON LN	5.3 STREET ADDRESS	1273 N.W. 7 th Street	
CITY-ST-ZIP	W PALM BCH FL	5.4 CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	REYNOLDS, BRUCE T.	6.2 NAME		
STREET ADDRESS	1092 JOY RENE LANE #1	6.3 STREET ADDRESS		
CITY-ST-ZIP	JUNO FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daniel Seidel 3-29-95 407-684-2626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011202