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Feb 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 334091810 OLD OKEECHOBEE ROAD
WEST PALM BEACH FL 33409-52973. Date Incorporated or Qualified
05/18/19903a. Date of Last Report
04/17/19964. FEI Number
65-0356006Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUSSKIND, HOWARD
2801 PONCE DE LEON BLVD
STE 501
CORAL GABLES FL 33134

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 ☐ DELETE
NAME GERVAIS, MARK
STREET ADDRESS 515 LINDEN LANE
CITY-ST-ZIP STUART FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE V ☐ DELETE
NAME KEIFFER, DONALD
STREET ADDRESS 6201 SANATA CATALINA LOT 59
CITY-ST-ZIP W. PALM BEACH FL 334152.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 12 Robalo Court
2.4 CITY-ST-ZIP North Palm Beach, FL 33408TITLE RS ☐ DELETE
NAME SPIKULA, KENNETH
STREET ADDRESS 13407 42ND ROAD N
CITY-ST-ZIP ROYAL ALM BCH FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE FST ☐ DELETE
NAME SEIDEL, DANIEL T.
STREET ADDRESS 2674 S. W. CAMEO BLVD.
CITY-ST-ZIP PORT ST LUCIE FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE T ☒ DELETE
NAME O'NEILL, CHRISTOPHER T.
STREET ADDRESS 1273 NW 7TH ST
CITY-ST-ZIP BOCA RATON FL5.1 TITLE ☐ Change ☒ Addition
5.2 NAME Trustee Pro-Tem
5.3 STREET ADDRESS Hammen, David
5.4 CITY-ST-ZIP 16768 130th. Avenue N.
Jupiter, FL 33458TITLE T ☐ DELETE
NAME REIDY, STEPHEN T.
STREET ADDRESS 3782 PARK LANE
CITY-ST-ZIP W PALM BCH FL6.1 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 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 617, 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

Daniel T. Seidel

1/27/97

(561) 686-2626

Date

Daytime Phone # 0040719

CR2E037 (9/96)