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

CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #**

P93000030097 (8)

A AND K BUILT-INS, INC.

Principa Place of Business

Mailing Address

3377 S.W. 42ND AVENUE PALM CITY FL 34990

3377 S.W. 42ND AVENUE PALM CITY FL 34990



a participation	2. Principal Place of Business 28. Mailing Address					3. Date Incorporated or Qualified 04/20/1993		Date of Last Report 01/20/1995		
2. Philopa F 21						4. FEI Number		-	Applied For	
Suite, Apt	# etc	26	to.			59-3202063			Not Applicable	
[22]	[2]			etc.		5. Certificate of Status Desired			75 Additional e Required	
23	City & State City & State					Election Campaign Financing Trust Fund Contribution	ing \$5.00 May Be Added to Fees			
Ziçi 24	Country 25	Zip Country 29 30				 This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes ☐ No 				
· ·	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New R	egistered A	gent		
				81	Name					
GIANINO, PETER T 217 EAST OCEAN BLVD. STUART FL 34994				82 Street Address (P.O. Box Number is Not Acceptable)						
				83						
SIOAR	1 1 2 34334						-			
				84	City		FL	85	Zip Code	
SIGNATURE	Signature, typics or printed name of registered as	port and title if applicants AND DIRECTORS	(NOTE Registered	I Agen	f signature required	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIREC	FORS IN 12	
TITLE	D DELETE			ITLE	I			Chang		
NAME	JAEGER, GERRY	_	12 N	AME	ĺ		L-	,		
STREET ADDRESS	3377 S.W. 42ND AVE.		13.5	TREET	ADDRESS					
CITY - ST-ZIP	PALM CITY FL 34990			ITY-S						
11TLF		☐ DELETE				——————————————————————————————————————		Chang	e	
NAME			2 2 N	AME					_	
STREET ADDRESS			2.3 \$	TREET	ADDRESS					
Cli St 70			2 4 CI	11Y-5	T-ZIP					
1-11-1		DELETE	3.17	ITLE				Change	e 🔲 Addition	
NAM:			3 2 N							
STREET ADORESS					ADDRESS					
City - ST - ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	340		I - ZiP			Chann		
NAME		[] otter	4 1 T 4 2 N/					Change	e 🔲 Addition	
					ADDRESS					
STHEFT ADDRESS			4.3 S1	TREE (ADDRESS					
		☐ DELETE	4.3 S1 4 4 CI	TY - SI			<u>-</u>	Change	Addition	
STHEET ADDRESS		☐ DELETE	4.3 S1 4 4 CI	TY-SI				Change	Addition	
STHEET ADORESS O(TY+S)+Z(2) TITLE		DETELE	4.3 S1 4 4 C1 5 1 TI 5.2 NA	TY-ST TY-ST TLE AME				Change	Addition	
STHEFT ADDRESS CITY (S) - ZC2 TITLE NAME			4.3 S1 4 4 C1 5 1 TI 5.2 NA	TREET. TY-ST TLE AME	1-ZIP ADDRESS			Change	Addition	
STHEFT ADDRESS CITY (ST-ZE) TITLE NAME STREET ADDRESS		☐ DELETE	4.3 SI 4 4 CI 5 1 TI 5.2 NA 5.3 SI	TREET. TY-ST TLE AME TREET.	1-ZIP ADDRESS			Change		
STHEFT ADDRESS CITY (ST-74) TITLE NAME STREET ADDRESS CITY (ST-72)			43 SI 44 CI 5 1 TI 52 NJ 53 SI 54 CI	TY-ST TY-ST TLE AME TY-ST TLE	1-ZIP ADDRESS					
STHEFT ADDRESS CITY - \$1 - 7 t ² TITLE NAME STHEET ADDRESS CITY - \$1 - 7 t ² TITLE			4.3 S1 4.4 C0 5.1 T0 5.2 N/ 5.3 S1 5.4 C0 6.1 T1 6.2 N/	TREET. TY-ST TLE TREET. TY-ST TLE	1-ZIP ADDRESS					

certify that the information supplied with this liming is voluntarily turnished and does not quality 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 eath; 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:

RE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-287-7418