

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 15 PM 12:03

DOCUMENT # P93000039370 (0)

1. Corporation Name  
B & K FRAMING, INC.

Principal Place of Business Mailing Address  
11772 LINDEN DR. 11772 LINDEN DR.  
SPRING HILL FL 34608 SPRING HILL FL 34608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/28/1993  
3a. Date of Last Report 03/24/1994

2. Principal Place of Business 2a. Mailing Address  
21 26  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 City & State 28 City & State  
24 Zip Country 29 Zip Country 30  
4. FEI Number 59-3188903  
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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent  
KUNDRAT, MARK  
11772 LINDEN DR.  
SPRING HILL FL 34608  
10. Name and Address of New Registered Agent  
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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS  
TITLE PSTV  
NAME KUNDRAT, MARK  
STREET ADDRESS 11772 LINDEN DR.  
CITY ST ZIP SPRING HILL FL  
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE [ ] Change [ ] Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY ST ZIP  
21 TITLE [ ] Change [ ] Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY ST ZIP  
31 TITLE [ ] Change [ ] Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY ST ZIP  
41 TITLE [ ] Change [ ] Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY ST ZIP  
51 TITLE [ ] Change [ ] Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY ST ZIP  
61 TITLE [ ] Change [ ] Addition  
62 NAME  
63 STREET ADDRESS  
64 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)(b), 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] 6-10-95  
SIGNATURE AND TYPED OR PRINTED NAME OF BOVING OFFICER OR DIRECTOR Date (Type in 11/99)

CR2E034 (3/95)