


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000055202 (4)**

1. Corporation Name
JEFF'S CARPENTRY AND TRIM, INC.

Principal Place of Business

**1109 BUTTERMILK LANE
PORT ORANGE FL 32119**

Mailing Address

**1109 BUTTERMILK LANE
PORT ORANGE FL 32119**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 1111 Buttermilk Lane		26 Same		08/02/1993	07/05/1996
22 Port Orange, FL		27 Port Orange, FL		4. FEI Number	Applied For
23 32119		28 32119		59-3199677	Not Applicable
24 32119		25 Vo.		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
26 32119		27 Vo.		6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
28 32119		29 Vo.		7. This corporation owes or has paid the current year Intangible	<input type="checkbox"/> Yes <input type="checkbox"/> No
30 32119		31 Vo.		8. This corporation owes or has paid the current year Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**WHITLOCK, JEFFREY L
1109 BUTTERMILK LANE
PORT ORANGE FL 32119**

10. Name and Address of New Registered Agent

81 Name **Whitlock, Jeffrey L**
82 Street Address (P.O. Box Number is Not Acceptable)
1111 Buttermilk Lane
83 **Port Orange, FL**
84 City **Port Orange, FL** 85 Zip Code **32119**

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 607.0508, Florida Statutes.

SIGNATURE **Jeffrey L Whitlock** (NOTE: Registered Agent signature required when reinstating) DATE **08/05/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITLOCK, JEFFREY L	1.2 NAME	Whitlock, Jeffrey L
STREET ADDRESS	1109 BUTTERMILK LANE	1.3 STREET ADDRESS	1111 Buttermilk Lane
CITY-ST-ZIP	PORT ORANGE FL	1.4 CITY-ST-ZIP	Port Orange, FL 32119
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITLOCK, CHERYL	2.2 NAME	Dionisio, Campbell
STREET ADDRESS	1109 BUTTERMILK LANE	2.3 STREET ADDRESS	3800 Emilia Dr.
CITY-ST-ZIP	PORT ORANGE FL	2.4 CITY-ST-ZIP	Daytona Beach Shores 32127
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLENE, DALE	3.2 NAME	Mike Smith
STREET ADDRESS	3656 JACKSON STREET, APRT. 12C	3.3 STREET ADDRESS	4800 Old Kings Road
CITY-ST-ZIP	PORT ORANGE FL	3.4 CITY-ST-ZIP	Flagler Beach, FL
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSING, KENNY	4.2 NAME	Massing, Kenny
STREET ADDRESS	3556 JACKSON STREET	4.3 STREET ADDRESS	2830 Quaker Palm
CITY-ST-ZIP	PORT ORANGE FL	4.4 CITY-ST-ZIP	ROsanter FL 32141
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

704-760-0312

CR2E034 (4/97)