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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000066178 (3)**

FILED Jan 30 1997 8:00am Secretary of State

| WASKO CARPENTRY, INC. Principal Place of Business Mailing Address 391 3RD STREET, NW 391 3RD STREET, NW NAPLES FL 33964 NAPLES FL 34120-5063 | | | | | | | | | | | |
|--|--|---|-------------------------------|---|--------------------------|---|--|--|--------------------------------|--------------------------------------|--|
| | | | | | | | | Date Incorporated or Qualifie 09/15/1993 | | Date of Last F /23/1996 | Report |
| n · | Principal Place of Business Suite, Apt. #, etc. | | | 2a. Mailing Add | ress | | | 4. FEI Number 65-0435282 | | | pplied For |
| Suite, Apt | | | | Suite, Apt #, etc. 27 City & State | | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | | |
| City & State | | | | | | | 6. Election Campaign Financing | #***** | \$5.00 | May Be | |
| 3 Zip 4 341 | 30 | Country 25 Cp | llier | 28 Zip 29 3413 | 20 | Country 30 G | ollier | Trust Fund Contribution 8. This corporation has liability the Florida Statutes | | | to Fees s. 199.032, |
| ·) 21 · | | | | Registered Agent | | 301 01 | <u> </u> | 10. Name and Address of New | 4444 | | |
| 391- NAP | sko, scot -3rd stree Ples FL 339 | :T NW 164 | | | | 82 83 84 | City | ress (P.O. Box Number is Not Accep | F | L I I 6 | Code MISO |
| office or | to the provis- registered ag | ons of Section ent. or both, if | ns 607.0002 n the State c | and bur. 1506, Flore | da Statutes | s, the above | e named cort | poration submits this statement for th | e purpose | or changing i | ns registered |
| SIGNATURE | | or printed name of | registered agent | and tile I applicable. | | Registered Age | | poration submits this statement for th tion's board of directors. I hereby ac lied when reinstating! | OATE | | |
| | Sagraturi, typed | or printed name of | registered agent | and tile if applicable. DIRECTORS | | | | | OATE | | |
| SIGNATURE 12. DILE NAME | D WASKO, | or printed carry of OFF | registered agent | and tile if applicable. DIRECTORS | (NOTE | Registered Age | ent signature requi | ired when reinstating) | OATE | ID DIRECTOR | RS IN 12 |
| SIGNATURE 12. TIPLE NAME SIREET ADDRESS | D WASKO, | or protect rates of OFF SCOTT A STREET, NM | registered agent | and tile 1 applicable. DIRECTORS | (NOTE | 13. 1.1 HTLE 1.2 NAME | ent signature requi | ired when reinstating) | OATE | ID DIRECTOR | RS IN 12 |
| SIGNATURE 12. THE NAME SIREET ADDRESS CITY-S1-ZIP HITLE | D WASKO, 391-3RD NAPLES I | OFF SCOTT A STREET, NW FL 33964 | registered agent | and tile 1 applicable. DIRECTORS | (NOTE | Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE | ent signature requi | ired when reinstating) | OATE | ID DIRECTOR | RS IN 12 |
| 2. HILE HAME STREET ADDRESS STITY-ST-ZIP HILE HAME STREET ADDRESS STREET ADDRESS | D WASKO, 391-3RD NAPLES I D WASKO, 391-3RD | OFF SCOTT A STREET, NW FL 33964 BRETT A STREET, NV | registered agent ICERS AND | and tile 1 applicable. DIRECTORS | (NOTE | Registered Age 13. 1.1 Title 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET | ADDRESS ST-ZIP ADDRESS | ired when reinstating) | OATE | ID DIRECTOR Change | RS IN 12 |
| SIGNATURE 2. DILE IAME SIREET ADORESS CITY-S1-ZIP ITILE VAME STREET ADORESS CITY-S1-ZIP | D WASKO, 391-3RD NAPLES I D WASKO, | OFF SCOTT A STREET, NW FL 33964 BRETT A STREET, NV | registered agent ICERS AND | and tile if approable. DIRECTORS DIRECTORS D | (NOTE ELETE ELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S | ADDRESS ST-ZIP ADDRESS | ired when reinstating) | OATE | ID DIRECTOR Change Change | RS IN 12 Addition |
| SIGNATURE 12. THE NAME SIREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE | D WASKO, 391-3RD NAPLES I D WASKO, 391-3RD | OFF SCOTT A STREET, NW FL 33964 BRETT A STREET, NV | registered agent ICERS AND | and tile if approable. DIRECTORS DIRECTORS D | (NOTE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE | ADDRESS ST-ZIP ADDRESS | ired when reinstating) | OATE | ID DIRECTOR Change | RS IN 12 Addition |
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I have a place of the corporation of the corporation of 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 13 if changed, or on an attachment with an address.