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CORPORATION
ANNUAL REPORT
1995



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

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DIVISION OF CORPORATIONS

95 JUN -9 AM 9:06

DOCUMENT # P93000085638 (3)

1. Corporation Name

QUALITY MINDED CARPENTRY INC.

Principal Place of Business

841 PINE DR #204
POMPANO BEACH FL 33060

Mailing Address

841 PINE DR
APT. 204
POMPANO FL 33060
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/15/1993

3a. Date of Last Report

08/12/1994

4. FEI Number

65-0454049

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 194.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 SAME AS ABOVE

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNGER, HARRY F
841 PINE DR #204
POMPANO BEACH FL 33060

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 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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME UNGER, HARRY F
STREET ADDRESS 841 PINE DR #204
CITY - ST - ZIP POMPAN BEACH FL 33060

TITLE ~~LORETTA L. WOODS~~
NAME ~~LORETTA L. WOODS~~
STREET ADDRESS ~~841 PINE DR #204~~
CITY - ST - ZIP ~~POMPANO BEACH FL 33060~~

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1 1 TITLE ~~LORETTA L. WOODS~~
12 NAME ~~LORETTA L. WOODS~~
13 STREET ADDRESS ~~841 PINE DRIVE~~
14 CITY - ST - ZIP ~~POMPANO BEACH FL 33060~~

2 1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

3 1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

4 1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

5 1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

6 1 TITLE
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 110.07(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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY F. UNGER (305) 783-4927