

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000086904 (8)**

1. Corporation Name

EGB CARPENTRY, INC.



Principal Place of Business

**525 N.W. 5TH ST.
CAPE CORAL FL 33909**

Mailing Address

**525 N.W. 5TH ST.
CAPE CORAL FL 33909**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BARNES, ERIC G
525 N.W. 5TH ST.
CAPE CORAL FL 33909**

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 607.0901 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0901, Florida Statutes.

SIGNATURE

Signature of person making this statement (Print Name)

Signature of person making this statement (Print Name)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[] DELETE
NAME	BARNES, ERIC G	
STREET ADDRESS	525 N.W. 5TH ST.	
CITY-STATE-ZIP	CAPE CORAL FL 33909	
TITLE	VD	[] DELETE
NAME	BARNES, ROBERT	
STREET ADDRESS	1420 S.W. 4TH PL.	
CITY-STATE-ZIP	CAPE CORAL FL 33991	
TITLE	STD	[] DELETE
NAME	LAWRENCE, JODIE	
STREET ADDRESS	525 N.W. 5TH ST.	
CITY-STATE-ZIP	CAPE CORAL FL 33909	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[] Change [] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	[] Change [] Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	[] Change [] Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	[] Change [] Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	[] Change [] Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

**STD
JODIE BARNES
525 N.W. 5TH ST
CAPE CORAL FL 33909**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and correct in quality for the exemption stated in Section 119.07(3)(g), 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 authorized to execute the 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

Eric G. Barnes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIC G. BARNES

3/25/96 (941) 458-5437

CR2E034 (12/95)