FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P
1. Corporation Name
EGB CARPENTRY, INC. P93000086904 (8)

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address	 	
	18111 0191 1801	
525 N.W. 5TH ST. 525 N.W. 5TH ST.		
CAPE CORAL FL 33909 CAPE CORAL FL 33909	DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified		
12/20/1993	j	
	Applied For	
	Not Applicable	
5. Certificate of Status Desired 1.1	Additional Regulred	
to about our page 1 making \$5.00	May Be d to Fees	
	This corporation owes or has paid the current year Intangible	
24 25 29 30 Personal Property Tax due June 30. 27 Yes		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RAPNES FOIC C 81 Name		
BARNES, ERIC G 525 N.W. 5TH ST. 81 Name 82 Street Address (D.C. Roy Murches in Not Assentable)		
Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33909	82 Street Address (P.O. Box Number is Not Acceptable)	
63	33	
	-	
84 City FL 85 Zig	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 607.0506, Florida Statutes.		
SIGNATURE	1	
Signature, typed or printed nance of registered agent and talled applicable (NOT). Registered Agent signature recoursed when reinstating) DATE		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
TITLE L DELETE 1.1 TITLE L Change NAME BARNES, ERIC G 1.2 NAME	Addition	
STREET ADDRESS 525 N.W. 5TH ST. 1.3 STREET ADDRESS		
CITY-ST-ZIP CAPE CORAL FL 33909 1.4 CITY-ST-ZIP		
TITLE VD DELETE 21 TITLE Change	Addition	
NAME BARNES, ROBERT 2.2 NAME	j	
STREET ADDRESS 1420 S.W. 4TH PL. 2.3 STREET ADDRESS		
CITY-S1-ZIP CAPE CORAL FL 33991 2.4 CITY-S1-ZIP		
TITLE STD DELETE 3.1 TITLE Change	Addition	
NAME BARNES, JODIE 3.2 NAME	1	
STREET ADDRESS CITY_ST_7/P CAPE CORAL FL 3.3 STREET ADDRESS 24 CITY_ST_7/P 3.4 CITY_ST_7/P		
0.4, 0.11-01-21	Addition	
TITLE L DELETE 4.1 TITLE L Change NAME 4.2 NAME	Addition	
STREET ADDRESS 4.3 STREET ADDRESS	1	
CITY-\$1-72IP 4.4 CITY-\$1-72IP	i	
TITLE DELETE 5.1 TITLE Change	Addition	
NAME 52 NAME	İ	
STREET ADDRESS 5.3 STREET ADDRESS	ĺ	
CITY-\$1-2IP 5.4 CITY-\$1-2IP		
TITLE DELETE 6.1 TITLE Change	Addition	
NAME 6.2 NAME		
STREET ADDRESS 6.3 STREET ADDRESS		
CITY-ST-ZIP 6.4 CITY-ST-ZIP 16.4 CITY-ST-ZIP 16.4 CITY-ST-ZIP 16.4 CITY-ST-ZIP 16.4 CITY-ST-ZIP 16.5 CITY-ST-ZIP 16.5 CITY-ST-ZIP 16.5 CITY-ST-ZIP 16.5 CITY-ST-ZIP 16.5 CITY-ST-ZIP 16.5 CITY-ST-ZIP 16.6 CITY-ST-ZIP 16.7 CITY-ST-ZIP	a information	

I 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 informatic 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 trusted 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.