

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000000958 (6)

1. Corporation Name

WASKO FRAMING INC.



Principal Place of Business

260 20TH AVE. NW
GOLDEN GATE FL 33964

Mailing Address

260 20TH AVE. NW
GOLDEN GATE FL 33964

2. Principal Place of Business

2a. Mailing Address

21 320 Jung Blvd

26 320 Jung Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
23 City & State
Golden Gate, FL

27
28 City & State
Golden Gate, FL 3

24 Zip 33964 25 Country

29 Zip 33964 30 Country

3. Date Incorporated or Qualified

01/05/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0452707

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WASKO, JEFFREY
260 0TH AVE. NW
GOLDEN GATE FL 33964

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

320 Jung Blvd

83

84 City Golden Gate

FL

85 Zip Code 33964

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 client applicant.

74011. Registered Agent's signature must be witnessed by two.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME WASKO, JEFFREY
STREET ADDRESS 260 20TH AVE. NW
CITY-ST-ZIP GOLDEN GATE FL 33964

TITLE ☐ DELETE

NAME VORTHERMS, JOHN
STREET ADDRESS 5351 HEMINGWAY LANE W. 510
CITY-ST-ZIP NAPLES FL 33999

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 320 Jung Blvd
1.4 CITY-ST-ZIP Golden Gate, FL 33964

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(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

3/24/96 352-8222

CR2E034 (12/95)