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

P9400000958 (6) DOCUMENT #

WASKO FRAMING INC.

Principal Place of Business Mailing Address 320 JUNG BLVD 320 JUNG BLVD NAPLES F 34120 NAPLES FL 34120 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/05/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 65-0452707 26 Suite, Apt. #, etc. Suito, Apt. #, etc. 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WASKO, JEFFREY 320 JUNG BLVD 62 Street Address (P.O. Box Number is Not Acceptable) **GOLDEN GOTE FL 33964** 83 84 City

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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 11TITLE TITLE WASKO, JEFFREY 12 NAME NAME 320 JUNG BLVD STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ■ Addition 2.1 TITLE TITLE VORTHERMS, JOHN NAME 2.2 NAME 256 14TH AVE. NW STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 2. 4 CiTY-ST-ZIP Change DELETE Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change ☐ Addition TITLE 5.1 TITLE KAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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: Add Look

FILED

Apr 13 1998 8:00am

Secretary of State

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ No

Zip Code

Not Applicable