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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 18 1997 8:00am Secretary of State

DOCUMENT # P9400008417 (5) 1. Corporation Name R.S.I. WOODWORKING, INC.								
Principal Place of Business 315 ROBINHOOD ROAD NORTH INVERNESS FL 34450		Mailing Address 315 ROBINHOOD ROAD NORTH INVERNESS FL 34450-2014			(1881) and (411) and (411) and (411)		1241 9100 1191 1981 1981	
						3. Date Incorporated or Qualified 02/02/1994		ate of Last Report 05/1996
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	1	Applied For	
21		26			59-3224024		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Regulred	
City & State		City & State						
23		28				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country	Zip	Co	untry		This corporation has liability for it		
24	25	29	30			Florida Statutes	Yes [	□No
	9. Name and Address of Curren	nt Registered Agent		J	- <del></del>	10. Name and Address of New Re	gistered	Agent
	L, RICHARD R			81	Name			
310 H	ROBINHOOD ROAD NORTH RNESS FL 34450			82	Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
114456	111000 FL 0440U			83				
				84	City		FL	85 Zip Code
SIGNATURE SI	gnature, typed or printed name of registered age	nt and title diapplicable				rporation submits this statement for the pation's board of directors. I hereby accepaired when reinstating)	DATE	
12.	OFFICERS ANI		13			ADDITIONS/CHANGES TO OFFIC	ERS AND	
TITLE NAME	SHELL, RICHARD R	☐ DEŁE	1 "	INTLE NAME				Change Addition
	315 ROBINHOOD RD. NORTH				ADDRESS			
	INVERNESS FL 34450		1	CITY-S	í			
V V	श	DELE		TITLE				☐ Change ☐ Addition
	SHELL, HELEN M		2.2	NAME	1			
	% 315 ROBINHOOD RD. NORT	TH .	2.3	STREET	ADDRESS			
DITT - 01 2"	INVERNESS FL 34450			CITY-S	T-ZIP			
TITLE		L DELE		TITLE				Change Addition
NAME				NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		DELE		CITY-S	I-ZIP			Change Addition
NAME				NAME				
STREET ADDRESS					ADDRESS .			
CITY+ST-ZIP				ONY-SI	r- ZII <sup>r</sup>			
TITLE		DELE.	TE 51	TITLE				Change Addition
NAME				NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		DELE		CITY-ST TITLE	· ZIP			Change Addition
NAME		رے مددور		NAME				E change E Addition
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				OITY - ST				

14. I do 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 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.

4/14/97

-352-637-3691