

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # P94000024219 (5)

1. Corporation Name

ASSOCIATED MILLWORKS, INC.

95 MAY -1 AM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

670 CHERRY ST
WINTER PARK FL 32789

Mailing Address

670 CHERRY ST
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/25/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEL Number

59-3230186

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

Country

29

Zip

Country

30

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

FOSTER, RICK
670 CHERRY ST
WINTER PARK FL 32789

81 Name

J. Michael McGee

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

670 Cherry Street

83

84

Winter Park

FL

85 Zip Code
32789

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 or officer if applicable.

J. Michael McGee Director

DATE

4-15-95

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

MC GEE, MIKE

STREET ADDRESS

670 CHERRY ST

CITY - ST - ZIP

WINTER PARK FL 32789

TITLE

D

NAME

BAGGETT, MIKE

STREET ADDRESS

4015 IBIS DR

CITY - ST - ZIP

ORLANDO FL 32803

TITLE

D

NAME

LAKEMAN, JOHN

STREET ADDRESS

5437 ANDORA ST

CITY - ST - ZIP

ORLANDO FL 32807

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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

1.4 CITY - ST - ZIP

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 addition if not an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature 1 Year 8

4-15-95

407-940-0244