

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

97 MAY 12 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000036342 (1)

1. Corporation Name  
A & W FRAMING AND CONSTRUCTION, INC.  
DIVERSIFIED REMODELING & CONSTRUCTION, INC

change put  
then on 4/1/97

Principal Place of Business  
11802 ALEXIS FORREST DR.  
JACKSONVILLE FL 32258

Mailing Address  
11802 ALEXIS FORREST DR.  
JACKSONVILLE FL 32258-1543

3. Date Incorporated or Qualified  
05/13/1994

3a. Date of Last Report  
03/15/1996

2. Principal Place of Business

21 11578 ALEXIS FOREST DR

Suite, Apt. #, etc.

22

City & State

23 JACKSONVILLE FL

Zip

24 32258

Country

25

2a. Mailing Address

26 11578 ALEXIS FOREST DR

Suite, Apt. #, etc.

27

City & State

28 JACKSONVILLE FL

Zip

29 32258

Country

30

4. FEI Number

58-2113044

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

WILLIS, RNADALL T  
11802 ALEXIS FORREST DR.  
JACKSONVILLE FL 32258

10. Name and Address of New Registered Agent

81

Name

AMMONS, PAM

82

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

11578 ALEXIS FOREST DR

83

84

City

JACKSONVILLE

FL

85 Zip Code  
32258

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

*Pam Ammons*  
Signature of Current Registered Agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/97

12. OFFICERS AND DIRECTORS

TITLE DPT  
NAME WILLIA, RANDALL T  
STREET ADDRESS 11802 ALEXIS FORREST DR.  
CITY-ST-ZIP JACKSONVILLE FL 32258  
☒ DELETE

TITLE VSD  
NAME AMMONS, JODY  
STREET ADDRESS 11578 ALEXIS FORREST DR.  
CITY-ST-ZIP JACKSONVILLE FL 32258  
☐ DELETE

TITLE PRES  
NAME AMMONS, PAM  
STREET ADDRESS 11578 ALEXIS FOREST DR  
CITY-ST-ZIP JACKSONVILLE, FL 32258  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

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 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:

*Pam Ammons*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

260-8464

CR2E034 (9/96)