SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGU 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO R STATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT F STATE
Sandra B. Mort
Secretary of St
DIVISION OF CORPO TIONS

DOCUMENT # **P94000058074 (3)**

1. Corporation Name
BAY BREEZE CARPENTRY, INC.

Principal Place of Business	Mailing Address
3833 SOUTHEAST 10TH AVENUE CAPE CORAL FL 33904	3833 SOUTHEAST 10TH AVENUE CAPE CORAL FL 33904

3. Date Incorporated or Qualified: 08/04/1994
3a. Date of Last Report: 03/16/1995

2. Principal Place of Business
21: 832 SW 2ND AVE
22: Suite, Apt #, etc
23: City & State: CAPE CORAL FLORIDA
24: Zip: 33991
25: Country: U.S

2a. Mailing Address
26: 832 SW 2ND AVE
27: Suite, Apt #, etc
28: City & State: CAPE CORAL, FL
29: Zip: 33991
30: Country: U.S

4. FEI Number: 65-0513682 ☐ 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

MONTGOMERY, JEFFREY C
3833 SOUTHEAST 10TH AVENUE
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name: JEFFREY C MONTGOMERY
82 Street Address (P.O. Box Number is Not Acceptable): 832 SW 2ND AVE
83:
84 City: CAPE CORAL FL 85 Zip Code: 33991

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 _____ DATE
Signature, typed or printed name of 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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONTGOMERY, JEFFREY C 3833 SE 10TH AVENUE CAPE CORAL FL 33904	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition 832 SW 2ND AVE CAPE CORAL FL 33991
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALDIVIA, STEPHEN M 10725 WILSON STREET STE. 11 BONITA SPRINGS FL 33923	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONTGOMERY, DANIELLE D 3833 SE 10TH AVENUE CAPE CORAL FL 33904	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition 832 SW 2ND AVE CAPE CORAL FL 33991
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 400001896104 -07/17/96--01024--030 ***225.00

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeffrey Montgomery JEFFREY C MONTGOMERY 941-574-1328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #