

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000058987 (6)

1. Corporation Name

BEST FRAMING, INC.

Principal Place of Business

**724 DEL RIO WAY
KISSIMMEE FL 34758**

Mailing Address

**724 DEL RIO WAY
KISSIMMEE FL 34758**

**APPROVED
AND
FILED**
95 MAY 25 PM 12:14
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/08/1994

3a. Date of Last Report

4. FEI Number

59-3260348

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MANGUM, LINWOOD B
724 DEL RIO WAY
KISSIMMEE FL 34758**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Linwood B. Mangum
Signature, typed or printed name of registered agent and fee if applicable

Resident

(NOTE: Registered Agent signature required when reappointing)

5-20-95

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

MANGUM, LINWOOD B

STREET ADDRESS

724 DEL RIO WAY

CITY - ST - ZIP

KISSIMMEE FL 34758

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

President

☒ Change

☐ Addition

1.2 NAME

Linwood B. Mangum

1.3 STREET ADDRESS

724 DEL RIO WAY

1.4 CITY - ST - ZIP

Kissimmee, FL 34758

2.1 TITLE

VICE PRESIDENT

☐ Change

☒ Addition

2.2 NAME

Cindy Lou MacDonald

2.3 STREET ADDRESS

724 Del Rio Way

2.4 CITY - ST - ZIP

Kissimmee, FL 34758

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 attachment with an address.

SIGNATURE:

Linwood B. Mangum

Linwood B. Mangum

5-20-95

Date

870-3596

Daytime Phone #