FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
96 MAY 10 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000058987 (6)**

1. Corporation Name

BEST FRAMING, INC.

Principal Place of Business	Mailing Address
724 DEL RIO WAY KISSIMMEE FL 34758	724 DEL RIO WAY KISSIMMEE FL 34758

3. Date Incorporated or Qualified: **08/08/1994**

3a. Date of Last Report: **05/25/1995**

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	2a. Mailing Address
21 712 Del Rio Way	26 ~~712~~ 712 Del Rio Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Kissimmee Fl.	27
City & State	City & State
23 34758 Osceola	28 Kissimmee, Fl.
Zip / Country	Zip / Country
24 / 25	29 34758 / 30 Osceola

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: Mangum Linwood B
82 Street Address (P.O. Box Number is Not Acceptable): 712 Del Rio Way
83
84 City: Kissimmee **FL** 85 Zip Code: 34758

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. Mang 5-5-96
Signature of new registered agent, if changing — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MANGUM, LINWOOD B 724 DEL RIO WAY KISSIMMEE FL 34758	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P. Mangum Linwood B 712 Del Rio Way Kissimmee, Fl. 34758	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MACDONALD, CINDY LOU 724 DEL RIO WAY KISSIMMEE FL 34758	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V. MacDonald Cindy Lou 712 Del Rio Way Kissimmee Fl.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
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

JP 5-10-96

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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. Mang 5-5-96 870-3596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #