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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000068717 (5)

DOCUMENT #

1. Corporation Name K & N CARPENTRY, INC.



Principal Place of Business Mailing Address							f 188(184) (12 181): £(ate 28(1) 64	···		
6051 HALIFAX DRIVE NEW PORT RICHEY FL 34653			6051 HALIFAX DRIVE NEW PORT RICHEY FL 34653							
							3. Date incorporated or Qualified 09/16/1994		of Last Re 4/24/19	95
. Principal Place of Business			a. Maling Address				4. FEI Number			pplied For
							59-3269902 Not Applicable \$8.75 Additional			
Suite, Apt. #, 6	eto.	ļ ŋ	Suite, Apt. #, etc.				5. Certificate of Status Desired		T	Required
City & State		27	City & State				6. Election Campaign Financing			May Be
3		28		-r			Trust Fund Contribution 8. This corporation has liability for			to Fees
Z ıp	Country	ļ	Žφ	-	ountry	1	Florida Statutes Yes	1112 1910 E 12	X UIIQGI 3	100.002,
4	25	29	tored Agent	30	Τ		10. Name and Address of New		Agent	
	9. Name and Address of Currer	nt negis	stered Agent		81	Name				
HARRIS, NANCY M					82	Street Add	ress (P.O. Box Number is Not Accepta	ble)		
6051 HALIFAX DRIVE NEW PORT RICHEY FL 34653										
					83					
					84	City		FL	85 ZK	o Code
familiar with,	and accept the obligations of Sec	TOO HOU	.0303, 1 10/10 1 0 10/10				ration submits this statement to the print of directors. Thereby accept the ap	DAIL		
12.	OFFICERS AN			1:			ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12
TITLE	D		DELETE	1	1 TITLE				Change	Addition
NAME	HARRIS, NANCY M			1:	NAME	;				
STREET ADDRESS	6051 HALIFAX DRIVE			1	3 STHEE	T ADDRESS				
CITY-SI-ZIP	NEW PORT RICHEY FL 34	653	,	1	4 C'TY -	ST-ZIP			Change	☐ Addition
TITLE	D		☐ DELETE		1 TITLE	1			Change	L. AGGIGGG
NAME	HARRIS, KENNETH M				2 NAME					
STREET ADDRESS	6051 HALIFAX DRIVE					ET ADDRESS				
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NAME					2 NAM	l l				
STREET ADORESS				B		EET ACORESS				
CITY - ST - ZIP			de Eline in un untraile fe	urnishadis	i 4 CITY	r-ST-ZIP	y for the exemption stated in Section 1	19.07(3)(k), F	lorida Stati	utes. I further

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 supplyemental annual report is true and accurate and that my signature shall have the same legal effect as if made undor certify 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:

SIGNATURE:

SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.