

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90086 023 \*\*\*150.00

DOCUMENT # P94000068717

1. Corporation Name

K & N CARPENTRY, INC.

Principal Place of Business

6051 HALIFAX DRIVE  
NEW PORT RICHEY FL 34653

Mailing Address

6051 HALIFAX DRIVE  
NEW PORT RICHEY FL 34653

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1994

4. FEI Number

59-3269902

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 521 MIDWAY LANE

Suite, Apt. #, etc.

22

City & State

23 TARPON SPRINGS FL

Zip

24 34689

Country

25 USA

2a. Mailing Address

26 521 MIDWAY LANE

Suite, Apt. #, etc.

27

City & State

28 TARPON SPRINGS FL

Zip

29 34689

Country

30 USA

9. Name and Address of Current Registered Agent

HARRIS, NANCY M  
6051 HALIFAX DRIVE  
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name

SAME

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

521 MIDWAY LANE

83

84 City

TARPON SPRINGS

FL

85 Zip Code

34689

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME HARRIS, NANCY M  
STREET ADDRESS 6051 HALIFAX DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☐ DELETE

NAME HARRIS, KENNETH M  
STREET ADDRESS 6051 HALIFAX DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 521 MIDWAY LANE  
1.4 CITY-ST-ZIP TARPON SPRINGS FL 34689

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 521 MIDWAY LANE  
2.4 CITY-ST-ZIP TARPON SPRINGS

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 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 any address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)