

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 MAY -1 AM 9:40

DOCUMENT # P94000079598 (6)

1. Corporation Name
PHL/MILLWORK DIVISION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **933 FLORIDA AVENUE
PALM HARBOR FL 34683**
Mailing Address: **933 FLORIDA AVENUE
PALM HARBOR FL 34683**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/28/1994** 3a. Date of Last Report

2. Principal Place of Business: **21** 2a. Mailing Address: **26** 4. FL Number: **59-3306298** Applied For: Not Applicable:

22. State, Apt. # 2b. State, Apt. # 27. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: 28. City & State: 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: 25. Country: 29. Zip: 30. Country: 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**SHEEKS, MICHAEL R
933 FLORIDA AVENUE
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent
B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City **FL** B5. Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of 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 607.05(4), Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	P SHEEKS, MICHAEL R 933 FLORIDA AVENUE PALM HARBOR FL 34683	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	S SMITH, ROSS C/O 933 FLORIDA AVENUE PALM HARBOR FL 34683	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		4. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		6. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		7. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		9. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		10. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		12. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		13. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, hereby certify that the information supplied with this filing is true and correct and that I am qualified to be a registered agent in the State of Florida. I further certify that the information and data furnished herein are true and correct 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 named herein and that I am qualified to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as required by the Florida Statutes.

SIGNATURE: *Michael Sheeks* **Michael Sheeks** 4/20/95 (813) 784-1453