FILE NOW:	<b>FILING</b>	<b>FEE</b>	<b>AFTER</b>	MAY	1ST	IS \$550.00
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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

BENZ FRAMING & TRIM, INC.

Principal Place of Business

Mailing Address

APPROVED AND FILED

99 JUN -9 PN 12: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA



1018 EAST MICHIGAN AVE. DUNEDIN FL 34698-5912		1018 EAST MICHIGAN AVE. DUNEDIN FL 34698-5942					
					DO NOT WRITE IN THE	S SPACE	
					3. Date Incorporated or Qualifed		
2. Principal F	Place of Business	2a. Mailing Address	•		12/07/1994 4. FEI Number		
	FAIN		BEN	フ	59-3288284	<b>⊢⊢</b>	pplied For ot Applicable
	#, etc.	Suite, Apt. #, etc.		<del>-</del>			Additional
22 1018	P. E. Michigana	N27 1018 E. Mis	chics	on DR.	5. Certificate of Status Desired		equired
City & Sta	te . ,	City & State	~ 1	- · · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00	May Be
23 DUD	Edio, Fla.	28 DUNEDIN	$, \vdash P$	Q	Trust Fund Contribution		to Fees
Zip	Country	7 2 / 1 C O C	Countr		8. This corporation owes the current year In	ntangible	
24 3 6	48 [25] US,	29 34648 31	0 (	<u>18.</u>	Personal Property Tax.	☐ Yes	ØNo
ļ	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
BEN	iz. Jerald a		8	Name			
	B EAST MICHIGAN AVE.		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	IEDIN FL 34698		83				
			0.	"			
			84	City	FI	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes	the abov	de-pamed corps	vocation submits this statement for the purpose of	f changing its	registered
j oπice or i	registered agent, or both, in the State of am familiar with, and accept the obligation	l Florida. Such change was auth	orized by	the corporatio	on's board of directors. I hereby accept the appo	intment as re	gistered
SIGNATURE	DERAID BELL	3113 01, Section 607.0303, Piolitic	1 Statute	"Mora	Q - 2	~ ~ ac	Я
SIGNATURE	Signature typed or printed name of registered agent a	and title if applicable (NOTE: Re	gistered Age	ent signature required	d) hen reinstating) 3 - 3	$O_{1}$	3
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	DPST	DELETE	1.1 TITLE			Change	☐ Addition
NAME	BENZ, JERALD A		1.2 NAME				
STREET ADDRESS	1018 E. MICHIGAN AVE.		1.3 STREE	TADORESS			
CITY-ST-ZIP	DUNEDIN FL 34698		1.4 C/TY-5	ST-24P			
TITLE		☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME	ļ	600000290	594r	~ — ~ <sup>;</sup>
STREET ADDRESS		i		TADORESS	600 <b>00290</b> -06/15/99-	-01108-	iii4
CITY-ST-ZIP		☐ DELETE	2.4 CITY-	ST-ZIP	****550.0	0 <del> ***</del> *	5 <u>50. an</u>
NAME		C) DETELE	3.1 TITLE				
STREET ADDRESS			3.2 NAME	TADOOCCC			
CITY-ST-ZIP			3.4. CITY	TADORESS			
TITLE		☐ DELETE	4 1 TITLE	01-211		Change	Addition
NAME			4 2 NAME			□ +nonge	
STREET ADDRESS			i	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				_
STREET ADDRESS			53STREE	TADORESS			
CITY-ST-ZIP			5.4 CITY-S	iT-ZIP			
TITLE		☐ DELETE	6 1 TITLE			Change	Addition

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 an address, with all other like empowered.

62 NAME 63 STREET ADORESS

SIGNATURE:

THE AND TYPED OR PRINTED WHITE DE SIGNATION OF CER

3-*3*0-99

727-134-9869