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

**CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000089528 (1) **DOCUMENT #** 

MILLWORK AND JOINERY, INC.

| Principal Place of Business Mailing Address |   |                                    |                   |       |           | I INDICATE INC. INC. INC. INC. INC. INC. INC. INC.                                     | Mill MBLE: Ibith thikt Bille ilsat idit iast |
|---|---|------------------------------------|-------------------|-------|-----------|--|--|
| 8549 REES ST<br>PT RICHEY FL 34668          |   | 8549 REES ST<br>PT RICHEY FL 34668 |                   |       |           |  |  |
|   |   |                                    |                   |       |           | 3. Date Incorporated or Qualified 12/08/1994   | 3a. Date of Last Report 05/01/1995           |
| 2. Principal Pl                             | ace of Business   | 2a. Mailing Address                |                   |       |           | 4. FEI Number  | Applied For                                  |
| 21  |   | 26                                 |                   |       | <u></u>   | 59-3294074   | Not Applicable                               |
| Suite, Apt. #, etc                          |   | Suite, Apt. #, etc.                |                   |       |           | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required               |
| City & State                                |   | City & State                       |                   |       |           | Election Campaign Financing     Trust Fund Contribution                                | S5.00 May Be Added to Fees                   |
| Zip   | Country Zip   |                                    | Country           |       |           | 8. This corporation has liability for in   |  |
| 24  | 25  | 29                                 | 30                |       |           | Florida Statutes X Yes  10. Name and Address of New R                                  | No   |
|   | 9. Name and Address of Curre  | nt Registered Agent                |                   | 81    | Name      | IU. Name and Address of New II   | egistered Agent                              |
| KANTARAS, K D                               |   |                                    |                   | 82    |           | Address (P.O. Box Number is Not Acceptable)  |  |
|   | ark dr, 3<br>Water Fl 34623   |                                    |                   | 83    |           |  |  |
| OLL/11                                      | W/((E)) 12 0 1020   |                                    |                   | 84    | City      |  | 85 Zip Code                                  |
|   |   |                                    |                   |       |           | poration submits this statement for the pur  | FL   |
| familiar w<br>SIGNATURE                     | hth, and accept the obligations of, Sec<br>Signature, typed or product name of registered again | tion 607.0505, Florida Statutes    | ft Rogislateo     |       |           | oard of directors. Thereby accept the appoint was to saled.  ADDITIONS CHANGES TO OFFI | DAYE   |
| 12.   |   | ID DIRECTORS                       | 13.               | 71.5  | т         |  | Change Addition                              |
| Till  | D<br>Blythe, Laurence   | ( DELETE                           | 1 1 1 1<br>1 2 N/ |       |           | P,S,T  |  |
| NAME<br>AFREET AGGRESS                      | 8549 REES ST  |                                    |                   |       | ADDRESS   | Blythe, Laurence<br>8549 Reese St.   |  |
| STREET ADDRESS<br>CHTY+ST+ZIP               | PT RICHEY FL 34668  |                                    | - 1               |       | T - ZIP   | Pt Richey, FL 34668  |  |
| TITLE                                       |   | ☐ DELETE                           | 2 1 7             |       |           | VP   | Change X Add:tion                            |
| NAME  |   |                                    | 2 2 N             | \Mŧ   |           | John Sanchez   |  |
| STREET ADDRESS                              |   |                                    | 2 3 5             | REET  |           | 5216 SR 51   |  |
| CITY-ST-ZIF                                 |   | FT3 06 175                         |                   |       | T-ZiP     | NP Richey, FL 34655  | Change Addition                              |
| TITLE                                       |   | DELETE                             | 3 ) T             |       |           |  |  |
| NAME  |   |                                    | 32 N              |       | T ADDRESS |  |  |
| STREET ADDRESS                              |   |                                    |                   |       | 2 ZIP     |  |  |
| CITY-ST-ZIP<br>TITLE                        |   | DELETE                             | 4 1 7             |       | <u>,</u>  |  | Change Addition                              |
| NAME  |   |                                    | 42 N              | AME   |           |  |  |
| STREET ADDRESS                              |   |                                    | 435               | FREFI | I ADORESS |  |  |
| CITY-ST-ZIP                                 |   |                                    | 440               | TY S  | ST ZIP    |  |  |
| TITLE                                       |   | DELETE                             | 5 1 1             |       |           |  | ☐ Change ☐ Addition                          |
| NAME  |   |                                    | 52N               |       |           |  |  |
| STREET ADDRESS                              |   |                                    |                   |       | T ADDRESS |  |  |
| CITY - ST - ZIP                             |   | [☐ DELETE                          |                   | -     | S1 - ZIP  |  | Change Addition                              |
| TITLE                                       |   | [ ] nere it                        | 6 1 1<br>6 2 N    |       |           |  | C 200 490 C 100 000                          |
| NAME<br>ANALST ASSESSED                     |   |                                    |                   |       | I ADDRESS |  |  |
| STREET ADDRESS                              |   |                                    |                   |       | ST ZIP    |  |  |
| City - ST - 7:P                             |   |                                    | 040               |       | -1 -1     |  | 07/20/14 Florida Statutos 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 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 trusted 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 articless.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF CONING OFFICER OR DIRECTOR

3/<sub>15/96</sub> (813) 376-2447 ....

CR2E034 (12/95)