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PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 12 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000094393 (3)

P.M.P. PROFESSIONAL CARPENTRY, INC.

Principal Place of Business Mailing Address P.O. BOX 6005 MIRAMAR BEACH FL 32541 DESTIN FL 32541 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/02/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3284259 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. X Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 COUILLARD, JANICE L Name 33 PRIVATE CT 82 Street Address (P.O. Box Number is Not Acceptable) MIRAMAR FL 32541 83 R4 City Zip Code 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. Loda Couillard 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition COUILLARD, JANICE L NAME 1.2 NAME **33 PRIVATE CT** STREET ADDRESS 1.3 STREET ADDRESS MIRAMAR BEACH FL CATY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE TITLE 2.1 TITLE Change Addition PANAGEAS, PETER M 2.2 NAME 33 PRIVATE CT STREET ADDRESS 2.3 STREET ADDRESS MIRAMAR BEACH FL CITY-ST-ZIP 2.4 CHTY-ST-ZIP TITLE DELETE Change 3.1 TITLE Addition NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C(TY - ST - ZIP TITLE DELETE 4.1 TITLE Addition Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Addition TITLE 6.1 TITLE Change NAME 62 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