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PROFIT CORPORATION ANNUAL REPORT



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

1996

P9500004988 (8)

DOCUMENT # P9500

1. Corporation Name

WOODWORKING BY C & J, INC.

Principal Place of Business Mailing Address

5700 HOUCHIN STREET 5700 HOUCHIN STREET



BAY #7 NAPLES FL 339		BAY #7 NAPLES FL 33942	••			3. Date Incorporated or Qualified 01/17/1995	3a. Date o	of Last	-
2. Principal Place		2a. Mailing Address				4. FEI Number			Applied For
21 5700	THYDORRO A-1	26 5700 T	AYLO	7	PO A-1	65-056376	3	\Box	Not Applicable
Suite, Apt. #, (etc.	Suite, Apt. #, etc.	├			5. Certificate of Status Desired			75 Additional e Required
City & State	ES FL	City & State 28 NAPLES	y & State NAPLES, FL			Election Campaign Financing Trust Fund Contribution		•	00 May Be ded to Fees
Zip 24 3394	Country 25 COLLIE	Zip	Cou	intry	LIER	8. This corporation has liability for in Florida Statutes	intangible tax	unde:	s 199.032,
	9. Name and Address of Cu					10. Name and Address of New R	legistered A	gent	
				81	Name				
HERNANDEZ, JORGE				82 Street Address (P.O. Box Number is Not Acceptable)					
2040 39TI	H STREET S.W.								
NAPLES F	FL 33999			83					
				84	City		FI_	85	Zip Code
or registered familiar with,	diagent, or both, in the State of	0502 and 607.1508, Florida Statut Florida. Such change was authoriz Section 607.0505, Florida Statutes	zed by the c	ove-n	iamed corporat oration's board	tion submits this statement for the pur I of directors. I hereby accept the app	rpose of chan ointment as r	ging it egiste	s registered office ed agent. I am
SIGNATURE	ignature, typed or printed name of registered			1 Agen	t signature required v		DATE		
12.		S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
TITLE	D	☐ DELETE	1, 17				L	Chang	e
NAME	JONES, CURTIS		1.2 N						
STREET ADDRESS	5700 HOUCHIN STREET NAPLES FL 33942				ADDRESS				
DITY-S!-ZiP	D NAPLES PL 33942	☐ DELETE	1.4 C	(TY-S	I - ZIP			Chan	e
NAME	HERNANDEZ, JORGE	L. becci.	2.2 N						
STREET ADDRESS	2040 39TH STREET SW				ADDRESS				
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NAME			3 2 N	AME					
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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 Elock 13 in thanged, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OF PUNTED NAME OF SIGNING OFFICER OR DIRECTOR

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