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

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000008553	(6)
1 Cornoration Name		

Pr

A CARPENTER'S SON, INC.

incipal Place of Business	Mailing Address	
10410 NE 20TH AVE	10418 NE 20TH AVE	

ANTHONY FL		ANTHONY FL 32617					
					Date Incorporated or Qualified 02/01/1995	3a. Date of Last F	Report
2. Principal Plac		2a. Mailing Address		/	4. FEI Number		Applied For
21 5180			L 3(	2 (C)	59-33005	. •	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	7	5 Additional Required
City & State		City & State			6. Election Campaign Financing	\$5.0	00 May Be
23 OCA	in Fi	YUGHTUA 85	<i>-</i>	<u></u>	Trust Fund Contribution		ed to Fees
Zip	Country	Z <sub>l</sub> p	Country		8. This corporation has liability for in		199.032,
24 344	( 5 [25]	29 3201 <u> 3</u> 0	o <u> </u>		Florida Statutes Yes	<u> </u>	<del></del>
	9. Name and Address of Curren	t Registered Agent	81	Ninna	10. Name and Address of New R	egistered Agent	
			61	Name			
	R, CRAIG W		82	Street A	uddress (P.O. Box Number is Not Acceptable) 03 らんしい TTH ちた	e) <	$\circ$
	E 17TH ST		83	26	03 D.E. 1 M St.	, surie	<u></u>
OCALA	FL 34471						
			84	City		FI 85 7	ip Code
11 Durcusat to	the provisions of Spetime 607 0609	and 607 1508 Florida Statutos f	he above r	anied co	rogration submits this statement for the pur		registered office
or registered	d agent or both, in the State of Floric	la. Such change was authorized b	y the corp	oration's I	rporation submits this statement for the pur board of directors. Thereby accept the appo	intment as registere	d agent. I am
tamiliar with	, and accept the obligations of, Secti	on 607.0606, Horida Statutes.					
SIGNATURE	grature, typed or primed name of registered agent.	and ritic if apolicable (NOTE: R	logisticad Ager	itagnature re	quired whee reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
THLE	D	DELETE	1. 1 TITLE		<b>⊅</b> /የ	Change	Addition
NAME	Greene, andrew s		1.2 NAME				
STREET ADDRESS	10418 NE 29TH AVE		1.3 STREET	ADDRESS			
CHY-ST-ZIP	ANTHONY FL 32617		1.4 CHY - S	1 · ZIP			
THILE		D DELETE	2 1 TITLE		S/T	Change	<b>X</b> Addition
NAME			2.2 NAME		LYNNE A. GREENE 10418 NE 29TH AUE		
STREET ADDRESS			2.3 STREET	L	10418 NE 2714 ME	C 1-7	
CTI Y - ST - ZIP		FO BULL	2.4 CiTY-S	T - ZIP	ANTHONY Fr 32	(6) T	ED Addition
TITLE		DELETE	3 1 111LF			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE				
CHTY-ST-7IF TITLE		[ ] DELETE	3.4 CITY - S 4. 1 TITLE	ı - ZIF		[T] Change	Addition
NAME		E DETECTS	4.2 NAME			Lag.	
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-S1-ZIP			4.3 STREET	i			
TITLE	and the second control of the first and the second control of the	[] DELETE	5 1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STREET	ADDRESS			
CITY-S1-ZIP			5 4 CITY - S	ST - 719			
TITLE		[]) DELETE	6 1 TITLE			Change	Add tion
NAME			6.2 NAMÉ				
\$TREET ADDRESS			6.3 STREE	ADDRESS			
CITY-ST-ZIP			6.4 CITY -				
14. I do hereby certify that i oath; that i	the information indicated on this born	ual report or supplemental annual pration or the receiver or trustee er	report is tri ipowered	se and ac	ilfy for the exemption stated in Section 119 curate and that my signature shall have the e this report as required by Chapter 607, FI	same legal effect as	i i made under

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR S. GREENE 04/30/96 352 622-5748