## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 30 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000008553 (6)

A CARPENTER'S SON, INC.

appears in Block 12 or Block 13 if changed,

SIGNATURE:

Principal Place of Business Mailing Address P.O. BOX 366 5180 NW HWY. 441 **OCALA FL 34475** ANTHONY FL 32617-0366 3. Date Incorporated or Qualified 3a. Date of Last Report 02/01/1995 05/01/1996 2. Principal Place of Business FEI Number 2a. Mailino Address Applied For 59-330058 Not Applicable 26 Suite, Apt. #, etc. Suite Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country  $Z_{P}$ Country Z(p)8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TURNER, CRAIG W 2603 SE 17TH AT., SUITE C Street Address (P.O. Box Number is Not Acceptable) OCALA FL 34471 83 84 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. Ham familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: typest or printed name of registered agent and the if applicants (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE Change Addition TITLE GREENE, ANDREW S 1.2 NAME **CR2E034** 10418 NE 29TH AVE 1.3 STREET ADDRESS STREET ADDRESS **ANTHONY FL** 1.4 CHTY-ST-ZIP CHY-ST-ZIP Addition DELETE 2.1 TITLE Change THILE ST GREENE, LYNNE A. 2.2 NAME NAME 10418 NE 29TH AVE. 2.3 STREET ADDRESS STREET ADDRESS ANTHONY FL 2. 4 CITY - ST - ZIP City-SE DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-2IP CHY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - 7IP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-2IP CITY - S1 - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY - \$1 - ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

ettachment with an address.

III JUNGEN S. GREENE 1/22/97