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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000022029 (9)

1. Corporation Name

FLORIDA WOODWORKS, INC.

Principal Place of Business

469 HIDDEN PINES BLVD.  
NEW SMYRNA BEACH FL 32168

Mailing Address

469 HIDDEN PINES BLVD.  
NEW SMYRNA BEACH FL 32168



3. Date Incorporated or Qualified

03/16/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

GORNTO, L A JR  
149-F S. RIDGEWOOD AVENUE  
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81

Name

Jeffrey W Robbins

82

Street Address (P.O. Box Number is Not Acceptable)

469 Hidden Pines Blvd

83

84

City

New Smyrna Bch

FL

85

Zip Code

32168

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.

SIGNATURE

Signature of principal, name of Registered Agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6-1-96

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTSD  
ROBBINS, JEFFREY W  
469 HIDDEN PINES BLVD  
NEW SMYRNA BEACH FL 32168

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Steven C. Olenik  
1179 Suwanee Road  
Daytona Beach, FL 32114-5916

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President & Treasurer

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

Vice President & Secretary

☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE (AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Jeffrey W. Robbins

June 1, 1996 904440339

Date

Daytime Phone #

CR2E034 (12/95)