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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90006 012 ***150.00

U114339

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000026116**

1. Corporation Name
DAVID VANN'S HISTORIC AND ARCHITECTURAL WOOD WORK, INC.



Principal Place of Business
 3673 HARLOCK RD.
 MELBOURNE FL 32934

Mailing Address
 3673 HARLOCK RD.
 MELBOURNE FL 32934

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/30/1995

4. FEI Number
59-3285965

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **4471 COUNTRY Rd**

2a. Mailing Address
 26 **4471 COUNTRY Rd**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
MELBOURNE FL

28 City & State
MELBOURNE, FL

24 Zip **32934** 25 Country **BREVARD** 29 Zip **32934** 30 Country **BREVARD**

9. Name and Address of Current Registered Agent
VANN, DAVID
3673 HARLOCK RD.
MELBOURNE FL 32934

New address →

10. Name and Address of New Registered Agent

81 Name **(SAME)**

82 Street Address (P.O. Box Number is Not Acceptable)
~~4471 COUNTRY ROAD~~

83

84 City **MELBOURNE** FL 85 Zip Code **32934**

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 *David O. Vann* **DAVID O. VANN** DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | VANN, DAVID O | |
| STREET ADDRESS | 3673 HARLOCK RD. | |
| CITY-ST-ZIP | MELBOURNE FL 32934 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | VANN, SANDRA P | |
| STREET ADDRESS | 3673 HARLOCK RD. | |
| CITY-ST-ZIP | MELBOURNE FL 32934 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 4471 COUNTRY Rd |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 4471 COUNTRY RD |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David O. Vann* **DAVID O. VANN** DATE **4/23/99** Dynamic Phone # **407-259-4097**

CR2E034 (11/98)