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

PROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000028563 (1)

Country

9. Name and Address of Current Registered Agent

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COATES, MICHAEL D 13392 TWIN LAKE AVE

SPRING HILL FL 34609

CARPENTRY BY COATES, INC.

e const	
Principal Place of Business	Mailing Address
13392 TWIN LAKE AVE SPRING HILL FL 34609	13392 TWIN LAKE AVE SPRING HILL FL 3480 9-6 154

28. Mailing Address

City & State

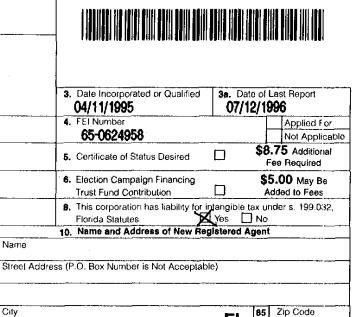
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Suite, Apt #, etc.

FILED Mar 11 1997 8:00am Secretary of State



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

Country

81 Name

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83 84 City

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•	m raminar with, and accept the obligations of, Section 607.05	500, Filmitra Statutes.		
SIGNATURE	Signature, typed or profed name of registered agent and the if applicable	(NOTE Registered Agent signs	nature required when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	V 12
TITLE	P DELI	ETE 1.1 TITLE		Addition
NAME	COATES, MICHAEL D	1.2 NAME		
STREET ADDRESS	13392 TWIN LAKE AVE	1.3 STREET ADDRE	ESS	
CITY-ST-ZIP	SPRING HILL FL 34809	1.4 CITY - ST - ZIP		
TITLE	DILI	ETE 21TIBLE	Change	Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRE	ESS	
CITY-ST-ZIP		2 4 CITY-S1-ZIP		
TITLE	DELI	ETE 31 TITLE	☐ Change	Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRE	ESS	
CITY-ST-ZIP		3.4. CITY-ST-7IP		
TITLE	☐ DELE	ETE 4.1 TITLE	Change	noilit bA
NAME		4 2 NAME		
STREET ADDRESS		4.3 STREET ADDRE	ess	
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	□ DECE	TE 5.1 TITLE	Change _	Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRE	ESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELE	TE 6.1 TITLE	☐ Change ☐	Addition
NAME		62 NAME		
STREET ADDRESS		6.3 STREET ADDRES	ess	
CITY-ST-ZIP		6.4 CITY - ST - ZIP		

I do hereby certify that the information supplied with this filling 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 attachment with an address.