

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90167 002 \*\*\*150.00

DOCUMENT # **P95000034799**

1. Corporation Name  
**FLORIDA PROFESSIONAL CARPENTERS, INC.**



Principal Place of Business  
**1049 HIDDEN COURT  
LAKELAND FL 33809**

Mailing Address  
**1049 HIDDEN COURT  
LAKELAND FL 33809**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/04/1995**

4. FEI Number

**59-3315299**

Applied For

☐ Not Applicable

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 tangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

**ARNOLD, WALT  
1049 HIDDEN COURT  
LAKELAND FL 33809**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

**FL**

85. 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **ARNOLD, WALT**  
STREET ADDRESS **1049 HIDDEN COURT**  
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **S** ☐ Change ☒ Addition  
1.2 NAME **LYNN K. Arnold**  
1.3 STREET ADDRESS **1049 Hidden Ct.**  
1.4 CITY-ST-ZIP **Lakeland, FL 33809**

2.1 TITLE **V** ☐ Change ☒ Addition  
2.2 NAME **DAVID SHIERLING**  
2.3 STREET ADDRESS **112 AILEEN AVE**  
2.4 CITY-ST-ZIP **WINTER HAVEN, FL 33880**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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(2)(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 307, 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: **Walt Arnold**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (OR DIRECTOR)

**4-22-99 352-267-1644**  
Date Daytime Phone #

CR2E034 (11/98)

0430130