

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000050207 (6)

1. Corporation Name

BAY TO BAY MILLWORK, INC.



Principal Place of Business

Mailing Address

1520 NW 12TH WAY
BOCA RATON FL 33486

1520 NW 12TH WAY
BOCA RATON FL 33486

2. Principal Place of Business

21 2501 N.W. 1ST AVENUE

2a. Mailing Address

26 2501 N.W. 1ST AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 BOCA RATON FLA.

24 Zip 33431

25 U.S.A.

27 City & State

28 BOCA RATON FLA

29 Zip 33431

30 U.S.A.

9. Name and Address of Current Registered Agent

O'BRIEN, OTILIA M
1520 NW 12TH WAY
BOCA RATON FL 33486

3. Date Incorporated or Qualified

06/23/1995

3a. Date of Last Report

4. FEI Number

65-0595641

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 has liability for intangible tax under s. 199.032
Florida Statutes

☐

Yes

☐

No

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 of Principal Officer or Director (if applicable)

Signature of Registered Agent (if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME O'BRIEN, OTILIA M
STREET ADDRESS 1520 NW 12TH WAY
CITY- ST- ZIP BOCA RATON FL 33486

TITLE VSD
NAME O'BRIEN, MICHAEL P
STREET ADDRESS 1520 NW 12TH WAY
CITY- ST- ZIP BOCA RATON FL 33486

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL O'BRIEN

2/12/96

(407) 394-7690

CR2E034 (3/96)