*4AY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000059103

1. Corporation Name

SCHLABACH CARPENTRY SERVICES, INC.

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90086 043 ***150.00



ncipal Place of B	Business	Mailing Address		l			
720 LINWOOD ST.		4720 LINWOOD ST.			DO NOT WRITE IN	N THIS SPACE	_ .
720 LINWOOD ST. ARASOTA FL 34232		SARASOTA FL 34232					
				į	3. Date Incorporated or Qualifed	•	
					07/28/1995	Applied	For
		2a. Mailing Address			4. FEI Number		olicable
. Principal Place of Business		<u>├</u> ¬		<u>65-0594855</u>	\$8,75 Addit	ional	
		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required		
Suite, Apt. #, e	etc.	├ ─┐				\$5.00 May	Be
1		City & State			6. Election Campaign Financing	Added to F	
City & State		<u>├</u> ─┐		_	Trust Fund Contribution		
3		28	Country		8. This corporation owes the current	Year Illiand Yes .	No '
Zip	Country	Zip 30			Personal Property Tax.	istored Agent	
¬ ·		1291	<u>- 1 </u>		10. Name and Address of New Reg	1010100110	
	9. Name and Address of Currer	it Registered Agent	81	Name			
			<u> </u>		ess (P.O. Box Number is Not Acceptable	e)	
SCHLA	BACH, LEROY		82	Street Addr	ess (F.O. Dox 11 and 12 and 14	100 - 10 - 10 - 10 - 10 - 10 - 10 - 10	3 11 23
4720 L	INWOOD ST.		83		· 建设设施设施设施	侧髓計劃器器	
SARAS	SOTA FL 34232		185	<u> </u>	· · · · · · · · · · · · · · · · · · ·	85 Zip Co	de
			84	City		FL	
				L	ration submits this statement for the pr	urpose of changing its re	gistered tered
, , , , , ,	507.05	02 and 607,1508, Florida Statute	s, the above	e-named corp	ion's board of directors. I hereby accept	the appointment as regi-	7.
11. Pursuant to	of the provisions of Sections 607.03 gistered agent, or both, in the State of familiar with, and accept the oblig	e of Florida. Such change was au	thorized by da Statutes	ille corpores.	poration submits this statement for the plon's board of directors. I hereby accept		
	gistered agent, and accept the oblic	gations of, booties.				DATE	
office or reg	familiar with, and accept are c					DATE	
agent. I am	Tightime.		Registered Ager	nt signature requir	red when reinstating)	ICERS AND DIRECTOR	S IN 12
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nd accurate and that my signature shall have the same legal effect as it made under dath, that I am all led to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with all other like empowered.