

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000069548 (2)

1. Corporation Name

R W D CARPENTRY, INC.



Principal Place of Business

**4203 LOCUST AVE.
SARASOTA FL 34234**

Mailing Address

**4203 LOCUST AVE.
SARASOTA FL 34234**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

g. Name and Address of Current Registered Agent

**DIEKON, ROBERT W JR.
4203 LOCUST AVE.
SARASOTA FL 34234**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
09/15/1995

3a. Date of Last Report
9-15-95

4. FEI Number

65-0605577

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

11. Pursuant to the provisions of Sections 607.06 (2) and 607.1509, 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 607.0609, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

(Date)

12. OFFICERS AND DIRECTORS

TITLE: **VICE President** DELETE
NAME: **Charles D. Grogan**
STREET ADDRESS: **411 Bryn Mawr Island**
CITY-ST-ZIP: **Bradenton, FL 34207**

TITLE: **VICE President** DELETE
NAME: **Thomas P. IVES**
STREET ADDRESS: **3107 Bernadette Lane**
CITY-ST-ZIP: **Sarasota, FL 34234**

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. TITLE: **Vice President** Change Addition
2. NAME: **Hugo Maxjennis**
3. STREET ADDRESS: **3245 Williamsburg St.**
4. CITY-ST-ZIP: **Sarasota, FL 34231**

7. TITLE: **Vice President** Change Addition
22. NAME: **Thomas NORGARD**
23. STREET ADDRESS: **4809 Ocean Blvd**
24. CITY-ST-ZIP: **Sarasota, FL 34242**

31. TITLE: Change Addition
32. NAME:
33. STREET ADDRESS:
34. CITY-ST-ZIP:

41. TITLE: Change Addition
42. NAME:
43. STREET ADDRESS:
44. CITY-ST-ZIP:

51. TITLE: Change Addition
52. NAME:
53. STREET ADDRESS:
54. CITY-ST-ZIP:

61. TITLE: Change Addition
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert Diekon* Robert Diekon, Pres. 5-19-96

941-928-0440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)