

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

FILED
Jun 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000069548
 1. Corporation Name
RWD CARPENTRY, INC

Principal Place of Business: **5856 Countrywood Dr. Sarasota, FL 34232**
 Mailing Address: **P.O. Box 5673 Sarasota, FL 34277**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 9-15-1995	3a. Date of Last Report 5-19-1996
21. 5856 Countrywood Dr	22. Suite, Apt. #, etc.	25. P.O. Box 5673	27. Suite, Apt. #, etc.	4. FEI Number 65-0605577	Applied For <input type="checkbox"/>
23. Sarasota FL	24. 34232	28. Sarasota FL	29. 34277	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Sarasota FL		28. Sarasota FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. 34232		29. 34277		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
Diekon, Robert W. Jr. 5856 Countrywood Dr. Sarasota, FL 34232				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	Vice President	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Hugo Magennis			1.2 NAME	Robert Diekon, Jr.		
STREET ADDRESS	3245 Williamsburg St.			1.3 STREET ADDRESS	5856 Countrywood Dr.		
CITY-ST-ZIP	Sarasota, FL 34231			1.4 CITY-ST-ZIP	Sarasota, FL 34232		
TITLE	Vice President	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Thomas Norgard			2.2 NAME			
STREET ADDRESS	4809 Ocean Blvd			2.3 STREET ADDRESS			
CITY-ST-ZIP	Sarasota, FL 34242			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			
				300002213453 -06/16/97--01146--032 ***165.00			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sect on 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 or Block 13 if changed, or on an attachment with an address

SIGNATURE: **Robert W. Diekon** DATE: **5-15-97** **941-928-0440**

CR2E034 (9/96)