

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 # P95000070495 (3)

1. Corporation Name

ARCHITECTURAL WOOD SOURCE, INC.



Principal Place of Business

Mailing Address

4639-A LOWN STREET NORTH
ST. PETERSBURG FL 33714

4639-A LOWN STREET NORTH
ST. PETERSBURG FL 33714

3. Date Incorporated or Qualified

09/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-3328720

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIVITO, JOSEPH A ESQ
4514 CENTRAL AVE.
ST. PETERSBURG FL 33711

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME TWYMAN, WENDELL E
STREET ADDRESS 7156 SOUTH SHORE DRIVE
CITY - ST - ZIP SOUTH PASADENA FL 33707

TITLE VD
NAME HOEFLING, R. BRUCE
STREET ADDRESS 2956 LANDING WAY
CITY - ST - ZIP PALM HARBOR FL 34684

TITLE VD
NAME PAULEY, DAVID R
STREET ADDRESS 2258 GULFVIEW BLVD.
CITY - ST - ZIP DUNEDIN FL 34698

TITLE V
NAME LANE, MIKE
STREET ADDRESS 4639-A LOWN STREET NORTH
CITY - ST - ZIP ST. PETERSBURG FL 33714

TITLE S
NAME BELL, WALTER G
STREET ADDRESS 4639-A LOWN STREET NORTH
CITY - ST - ZIP ST. PETERSBURG FL 33714

TITLE T
NAME FAIRBANK, BRUCE S
STREET ADDRESS 4639-A LOWN STREET NORTH
CITY - ST - ZIP ST. PETERSBURG FL 33714

1.1 TITLE TREASURER
1.2 NAME KRZYSZTOF PNIEWSKI
1.3 STREET ADDRESS 3007 GRANDVIEW AVE
1.4 CITY - ST - ZIP CLEARWATER FL 34619

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 if changed, or on an attachment with an address.

SIGNATURE: *Wendell E. Twyman* WENDELL E. TWYMAN 8/6/96 813 527 6043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (3/96)