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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000079485 (5)

Mailing Address

**DOCUMENT #** 

Principal Place of Business

A M C CARPENTRY, INC.



1610 COMPT BRANDON F	TON STREET FL 33511		1610 COMPTON STREET BRANDON FL 33511							
						3. Data Incorporated or Qualified 10/13/1995	3a. Date	of Last Re	eport	
2. Principal Pla	ce of Business	2a. Mailing A	Address			4. FEI Number	. +	T/	Applied For	
21		26				59-3337	092	1	Not Applicable	
Suite, Apt. #, etc		Suite, A;	Suite, Apt. # etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		Crty & St	Crty & State			6. Election Campaign Financing	\$5.00 May Be			
23		28				Trust Fund Contribution	Added to Fees			
Zφ	Country	Zip		Country	(	8. This corporation has liability for		k under s	199.032,	
24	25	29	30	<u> </u>		Florida Statutes Yes  10. Name and Address of New F	□ No	Cont		
	9. Name and Address of Current	Hegistered Ag	ent	81	Name	10. Name and Address of New P	egistered ,	gent		
UNCEY	TOW, ANDREW			"						
	COMPTON STREET			82	Street Add	ress (P.O. Box Number is Not Acceptat	de)			
	ON FL 33511			83			<del> </del>			
DIGITO	ON TE GOOT			"						
				84	City		FL	85 Zg	o Code	
familiär wit	h, and accept the obligations of, Sections	on 607.0505, Flo	rida Statutes			and of directors. I hereby accept the app	[iA]E			
12.	OFFICERS AND			13.	T	ADDITIONS/CHANGES TO OFF				
TITLE	CHEEATOW, ANDREW	L.	) DELETE	1. 1 TILLE			L	] Change	☐ Addition	
NAME	1610 COMPTON STREET			1.2 NAMS						
STREET ADDRESS	BRANDON FL 33511				LADORESS					
CITY-ST-ZIP	DIVIDON'I E GOOT!		DELFTE	1.4 C-TY -	\$1-ZIP			7 Change	Addition	
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NAME				5.2 NAM8						
STREET ADDRESS				5 3 S*HE	: LADORESS					
CITY - ST - ZIP				5.4 C(T)	ST-20F					

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 legat 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 or Block 13 or Block 14 or Block 15 or

6 1 TITLE € 2 NAME

6.3 STREET ADDRESS

64 Cilir - \$1 - ZiP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

011Y - ST - ZIP

Andrew Checatow 4-29-96

DELETE

Change

Addition