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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 07 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000084445 (2)

D & P CARPENTRY INC.

Principal Place of Business

STREET ADDRESS

appears in Block 12 or Bloc

SIGNATURE:

CITY-ST ZIE

10833 NW 9TH COURT 10833 NW 9TH COURT PLANTATION FL 33324 PLANTATION FL 33324-7328 3. Date Incorporated or Qualified 3a. Date of Last Report 10/31/1995 07/30/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0620157 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199,032, 24 25 29 30 Yes 🔲 No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **NEUHAUS. DOUGLAS** 81 Name 10833 NW 9TH COURT Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 64 City 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 hypera or princed hable of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) DELETE TITLE 1.1 TITLE ☐ Change Addition **NEUHAUS, DOUGLAS** NAME 1.2 NAME 10833 N.W. 9TH COURT STREET ADDRESS 1.3 STREET ADDRESS PLANTATION FL CITY - ST - ZIF 1.4 CITY+ST-ZIP DELETE TITLE 2.1 TITLE ___ Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY -ST-7/2 2.4 CITY-ST-ZIP DILE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CiTY - ST - ZiP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4 2 NAME STREET ADDRESS 43 STREET ADDRESS CHTY-ST-ZIP 4.4 CITY-ST-ZIP DELETE T:TLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST ZIF 5.4 CITY-ST-ZIP DELETE Change 6.1 TITLE Addition NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

information indicated on this armual 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 disposation or the acceive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

nment with an address