

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

**FILED**

**Mar 27 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 # P95000089758 (3)**

1. Corporation Name  
**BENCHMARK WOODCRAFT, INC.**



Principal Place of Business  
**915 CORNWALL ROAD  
SANFORD FL 32773**

Mailing Address  
**915 CORNWALL ROAD  
SANFORD FL 32773-7312**

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>11/21/1995</b>   | 3a. Date of Last Report<br><b>03/26/1996</b> |
| 4. FEI Number<br><b>59-3343155</b>   | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Country

29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TRAMMELL, LARRY E  
915 CORNWALL ROAD  
SANFORD FL 32773**

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 \_\_\_\_\_ (OFFICER, DIRECTOR, REGISTERED AGENT, OR TRUSTEE) (REGULATED AGENT SIGNATURE REQUIRED WHEN REINSTATING) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>D</b>                     | <input type="checkbox"/> DELETE |
| NAME           | <b>TRAMMELL, LARRY E</b>     |                                 |
| STREET ADDRESS | <b>232 LAKE CORTEZ DRIVE</b> |                                 |
| CITY- ST- ZIP  | <b>APOPKA FL 32703</b>       |                                 |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> DELETE |
| NAME           | <b>LUPO, ANTHONY C</b>       |                                 |
| STREET ADDRESS | <b>3940 STONEHAVEN ROAD</b>  |                                 |
| CITY- ST- ZIP  | <b>ORLANDO FL 32817</b>      |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY- ST- ZIP  |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY- ST- ZIP  |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY- ST- ZIP  |                              |                                 |

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY- ST- ZIP  |  |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>LUPO, ANTHONY C</b>   |
| 2.3 STREET ADDRESS | <b>891 ROYALWOOD LAKE</b>  |
| 2.4 CITY- ST- ZIP  | <b>ORLANDO, FL 32785</b>   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY- ST- ZIP  |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY- ST- ZIP  |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY- ST- ZIP  |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY- ST- ZIP  |  |

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 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 a address

SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-6-97 407-330-2003**

Date Daytime Phone #

CR2E034 (9/96)