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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # P95000089948 (0)

COMMERCIAL CASEWORK AND WOOD TRIM CO., INC.

## FILED Mar 27 1997 8:00am Secretary of State



Principal Place of Business Mailing Address				-				
Principal Place of Business Mailing Address  825 WINDSOR CIRCLE  825 WINDSOR CIRCLE								
BRANDON FL 33	3510	Brandon FL 3351	0-2826			3. Date Incorporated or Qualified 11/21/1995	3a. Date of La	
2. Principal Fia	ce of Business	2a. Mailing Addres	ss			4, FEI Number 59-3345705		Applied For
Suite, Apt #	, elc.	Suite, Apt. #, e	itc.			5. Certificate of Status Desired	. ,	75 Additional e Regulred
City & State		City & State	·····			6. Election Campaign Financing \$5.0		00 May Be
Zip	Country	28   Z <sub>IP</sub>	Co	untry	<del></del>	Trust Fund Contribution  8. This corporation has liability for in	<del></del>	ers 199 032.
14	25]	29	30			Florida Statutes	Yes 🔲 No	
	9. Name and Address of Curre	ent Registered Agent		-		10. Name and Address of New Reg	Istered Agent	
	PTER, CAROL A			81	Name `			
	825 WINDSOR CIRCLE BRANDON FL 33510		Street Addre	ddress (P.O. Box Number is Not Acceptable)				
0,11				83				
				84	City		FL 85	Zip Code
<ul> <li>office or re-</li> </ul>	o the provisions of Sections 607.05 gistered agent, or both, in the Stat n familiar with, and accept the oblig	le of Florida. Such ch <b>a</b> no	e was authoriz	ed by	the corporati	oration submits this statement for the pr on's board of directors. I hereby accep	irpose of changi the appointmen	ng its registered t as registered
	ignative. (great or printed name of registered as		(NOTE Register	ed Agen	t signature require	ed when reinstating)	DATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE		
TILE	DPS KEMPTER, CAROL A	DELI	1	TITLE			L Chai	nge 🛄 Additio
NAME	825 WINDSOR CIRCLE		i i	NAME	Incheso	·		
STREET ADORESS	BRANDON FL 33510			SIKEET <i>i</i> City-St	ADDRESS		•	
CHTY-ST-7IP	DV	DELI		CIST-SI TITLE	- 21r		☐ Chai	nge Additio
NAME	KEMPTER, WILLIAM J		1	NAME	1		. —	-
STREET ADDRESS	825 WINDSOR CIRCLE		2.3	STREET #	ODRESS			
CITY - S1 - ZIP	BRANDON FL 33510		2 4	CITY-SI	- ZIP			
TITLE		DELI	ETE 3.1	TITLE			☐ Cha	nge 🔲 Additio
NAME			3.2	NAME				
STREET ADDRESS					ADDRESS	1		
CITY - ST - ZIP		DEL		CITY-ST	- ZIP		☐ Cha	nge Addition
TITLE NAME		ביין הבנו		TITLE NAME	ļ		♦ La cila	igo L. J AUGHIO
NAME STREET ADDRESS					uddress			
CITY-ST-ZIP				CITY-ST				
TOLE		DELI		TITLE			Cha	nge 🔲 Additio
NAME			5.2	NAME				
STREET ADDRESS			53	STREET A	ADDRESS			
CITY-ST-Z#				CITY-ST	- <b>2</b> IP			
1:TLF		☐ DEL	ETE 61	TITLE			☐ Cha	nge 🔲 Additio
NAME			6.2	NAME				
STREET ADORESS								
			6.3	STREET	ADDRESS			
CITY-ST-ZIP			6.4	CITY - ST	- ZIP	Un Castion 110 07/2VI) Fladda Cast dos		

4. 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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-97

Daytime Phone #