SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000095565 (4)

SOUTH FLORIDA MILLWORKS, INC.

Principal Place of Business

Mailing Address

4227 ENTERPRISE AVENUE. UNIT B

P.O. BOX 8056 NAPLES FL 3394

FILED Sep 22 1997 8:00am Secretary of State



NAPLES FL 33	941	NAPLES FL 33941		DO NOT WRI	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified 01/01/1996	d 3a. Date of Last Report		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For		
21		26		65-06-3692	Not Applicable		
Suite, Apt. 22 4227	"Enterprise Ave.U-B	Suite, Apt. #, etc. 27 P.O. Box 8	8056	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	اسم	City & State	. 1	6. Election Campaign Financing			
23 100		28 Naples F	71	Trust Fund Contribution	Added to Fees		
24 34104 25 Country 29 34101 30			Country	Personal Property Tax due Ju	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THE LAW FIDALOF LAW PROPERTY CHORD 81. Name 82. A COMMON CO							
The LAW Firm of Lawrence J Spiegel Chrtd 343 Almeria Avenue Coral Gables Fl 33134				Law Office of Jerald R. Pitkin, P.A. Street Address (P.O. Box Number is Not Acceptable) 215 Airport Road South 83			
			84 City	Japles	FL 85 Zip Code 34104		
11. Pursuant t	to the provisions of Sections 607.0502 a	nd 607.1508, Florida Statutes,	the above-named	d corporation submits this statement for the	e purpose of changing its registered		
office or registered agent, or both, in the Sale 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 opligations of Science 607.0505, Florida Statutes.							
SIGNATURE	June 1	ガ し	.=		9-15-97		
12,	Signature, types or printed name of this stored agent is: OFFICERS AND D		13.	e required when reinstating)	FICERS AND DIRECTORS IN 12:		
TITLE	PSTD	DELETE	1.1 TITLE	Pres.	Change Addition		
NAME	RAMSEY, DAVE		1.2 NAME	Ramsey, Dave			
STREET ADDRESS 4227 ENTERPRISE AVENUE, UNIT B			13 STREET ADDRESS	Ramsey, Dave 4227 Enterprise Ave	·40:4B		
CITY-ST-ZIP	NAPLES FL 33941	, 0	1.4 C(TY-ST-Z)P	Naples F1. 3410	LU		
TITLE	THE ELOTE GOOT!	DELETE	2.1 TITLE	1 mples 1115-110	Change Addition		
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS	1			
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		l		
TITLE		DE LETE	3.1 TITLE		☐ Change ☐ Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY - ST - ZIP				
TITLE		[_] DELFTE	4.1 TITLE		L] Change L] Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELFFE	5 1 7ITLE		∐ Change ∐ Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS		{		
CITY-ST-ZIP		Driete	5.4 CITY - S1 - ZIP		Change Lating		
TITLE		☐ DELFTE	6.1 TITLE		☐ Change ☐ Addition		
NAME		į	6.2 NAME				
STREET ADDRESS	•		6.3 STREET ADDRESS	1	\		
14. I do hereb	ov certify that the information supplied w	ith this filing does not qualify f	6.4 CITY-S1-ZIP or the exemption s	stated in Section 119.07(3)(i), Florida Statu	utes. I further certify that the		
information indicated on the annual reporter 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 I changed, or on an attachment with an address.							