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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



## Sandre B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600003

1. Corporation Name
MARK REEVES CUSTOM FINISHES, INC. P96000003920 (1)

**FILED** Feb 10 1998 8:00am Secretary of State

### Address  1912 NEW OLGIVIE RD. CALLAHAN FL 32011 US  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 01/08/1996  2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt. #. etc  Suite, Apt. #. etc  Suite, Apt. #. etc  Mailing Address 4. FEI Number 59-3353372 Not Applied For Not Applicable Suite, Apt. #. etc  \$8.75 Additional									
CALLAHAN FL 32011 US  SUBSTANCE  2. Principal Place of Business 2. Adding Address 3. Data incorporation of Qualified of 1/108/1998  2. Principal Place of Business 3. Substance of Substanc	I								
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28   20   20   20   20   20   20   20	22		27	7		5. Certificate of Status Desired			
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AKEL, EDWARD C 1 NDEPENDENT DRIVE SUITE 2001  1. Pursuant to the provisions of Sections (617 01/02 and 607 14/08; Florida Statutes be above and organization and registered Agent and the provisions of Sections (617 01/02 and 607 14/08; Florida Statutes be above and organization and registered agent, or both, in the State of Lauda State change was without order by the corporation submits this statement for the purpose of changing its negistered agent, and the provisions of Sections (617 01/02 and 607 14/08; Florida Statutes be above among organization and received the change was without order by the corporation submits this statement for the purpose of changing its negistered agent, and the provisions of Sections (617 01/02 and 607 14/08; Florida Statutes be above and provided agent, or the first of Lauda State change was without order by the corporation's board of directors. Hereby accept the appointment as registered agent, and the change in the statement of the purpose of changing its negistered agent. The first of the change in the change was without accept the corporation board of directors. Hereby accept the appointment as registered agent. The first of the change in the change was without a state of Lauda State change was without a change agent. The first of the purpose of changing its negistered agent. The first of the purpose of changing its negistered agent. The first of the purpose of change is negistered agent. The first of the purpose of change is negistered agent. The first of the purpose of change is negistered agent. The first of the purpose of change is negistered agent. The first of the purpose of changing its negistered agent. The first of the purpose of changing its negistered agent. The first of the purpose of change is negistered agent. The first of the purpose of changing its negistered agent. The first of the purpose of changing its negistered agent. The first of the purpose of changing its negistered agent. The first of the purpose of changing its negistered agent. The first of the first			+ ·- · · · · · · · · · · · · · · · · · ·						
Name and Address of New Registered Agent   10, Name and Address of New		J1	1	<del> </del>		· ·			
AXEL_EDMADC 1 NOEPENDENT DRIVE SUTTE 2301 JACKSONVILLE FL 32202-5059  82 Sireet Address (P.O. Box Number is Not Acceptable)  83 Sireet Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  85 City FL 85 Zip Code  86 City FL 85 Zip Code  87 City FL 85 Zip Code  88 City FL 85 Zip Code  88 City FL 85 Zip Code  89 City FL 85 Zip Code  89 City FL 85 Zip Code  89 City FL 85 Zip Code  80 City FL 85 Zip Code  81 Name  81 Name  82 Sirect Address (P.O. Box Number is Not Acceptable)  82 Sirect Address (P.O. Box Number is Not Acceptable)  83 City FL 85 Zip Code  84 City FL 85 Zip Code  85 Zip Code  86 City FL 85 Zip Code  86 City FL 85 Zip Code  87 Zip Code  88 City FL 85 Zip Code  88 City FL 85 Zip Code  89 Zip Code  89 Zip Code  80 Zip	[27]			] 30]				NO	
### SUFFE 2001 ### JACKSON/ILLE FL 3202-5059  ### B& Street Address (P.O. Box Number is Not Acceptable)  ### B& Street Address (P.O. Box Number is Number is Not Acceptable)  ### B& Street Address (P.O. Box Number is Numbe	AK		.* <u>*</u>	B1 Na					
SUTIE 2301  JACKSONVILLE FL 32202-5059  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florids Stabutes. The above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Honde, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Honde, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Honde, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Honde, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Honde, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Honde, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Honde, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Honde, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both in the appointment as registered and in the appointment as registered and in the purpose of the appointment as registered and in the purpose of the appointment as registered and in the purpose of the appointment as registered and in the purpose of the appointment as registered and in the purpose of the appointment as registered and in the purpose of the appointment as registered and in the purpose of the appointment as regis				80 04	A d d	(0.0 Park)			
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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 agent, or host, in the State of Londa State change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and accept the collaptions of Section 607 0505, Florida Statutes.    Signature	JACKSONVILLE FL 32202-5059			83					
11. Pursuant to the provisions of Sections 607 0:002 and 607 15:00 Florida Statutes. We above-named corporation submits this statement for the purpose of changing its registered affect or registered agent. I am familiar with, and accept the objected soft of corporations board of directors. I hereby accept the appointment as registered affects of the corporation submits this statement for the purpose of changing its registered affects of the corporation submits this statement for the purpose of changing its registered affects of the corporation submits this statement for the purpose of changing its registered affects of the corporation submits this statement for the purpose of changing its registered affects of the corporation submits this statement for the purpose of changing its registered affects of the corporation submits this statement for the purpose of changing its registered affects of the corporation submits this statement for the purpose of changing its registered affects of the corporation submits this statement for the purpose of changing its registered affects of the corporation submits this statement for the purpose of changing its registered affects of the corporation submits this statement for the purpose of changing its registered affects of the corporation submits be obtained and included a statement of the corporation submits beared of corporations board of directors. I hereby accept the appointment as registered and includes a statute and included and inclu				84 City	у		<b>85</b> Zip	Code	
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SIGNATURE	office or registered agent, or both, in the State of Horida. Such charge was authorized by the corporation's board of directors. I hereby accept the appointment as registered								
NOTE   Signature system for protect processed allow of agriculture (NOTE   Speciment and perceptured when reinstalling)   DATE	· · · · · · · · · · · · · · · · · · ·								
TITLE	SIGNATURE	Signature, typeof or probed name of regularies agent	aref bile if applicable (No	DIE Registered Agent sign	nature required v	when reinstating)	DATE		
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14. I 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

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