

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29 1997 8:00am
Secretary of State

DOCUMENT # P96000008067

1. Corporation Name

PALM BEACH MILLWORK, INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

01/25/96

3a. Date of Last Report

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 4655 No. Ocean Ave.

26 4655 No. Ocean Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Boynton Beach, FL

28 Boynton Beach, FL

Zip

Country

Zip

Country

24 33435

25 Palm Beach

29 33435

30 Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOOLLEY, THOMAS J., JR.
639 EAST OCEAN AVENUE
SUITE 408
BOYNTON BEACH FL 33435

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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

(Signature of person submitting this report is required when filing with the Department of State)

(Signature of Registered Agent required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME William F. Pollard
STREET ADDRESS 2889 S.E. 1st Place
CITY-ST-ZIP Boynton Beach, FL 33435

TITLE ☒ DELETE

NAME D
STREET ADDRESS Thomas P. Brophy
CITY-ST-ZIP 5162 N.W. 5th St.
Delray Beach, FL 33441

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D/S/T
Ronald R. Heavyside
4655 No. Ocean Ave.
Boynton Beach, FL 33435

400002162224
-05/01/97--01082--038
***165.00

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 and changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald R. Heavyside

04/22/97

Date

(561) 272-2882

Daytime Phone #

0319005

CP2E034 (9/96)