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

Mailing Address

131 NE 30TH ST

CORPORATION ANNUAL REPORT

1997

Principal Place of Business

131 NE SOTH ST



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000027011 (1)

RUTH CARPENTRY CONTRACTORS, INC.

POMPANO BEACH FL 33064 POMPANO BEACH FL 33064-3637 3. Date Incorporated or Qualified 3a. Date of Last Report 03/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-057024 26 Not Applicable Suite, Apt. #, etc. Suile, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country $Z \phi$ Country This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CALLAHAN, RUTH **131 NE 30TH ST** 82 Stroet Address (P.O. Box Number is Not Acceptable) POMPANÓ BEACH FL 33064 83 84 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 Signature, typed or printed name of registered agent and tile if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. TITLE DELETE Change 1.1 TITLE Addition CALLAHAN, RUTH NAME 1.2 NAME 131 NE 30TH ST STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL 33064 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change 3.1 TIBLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-S1-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 an address.

4.1 TITLE

4.2 NAME

51 THLE

5.2 NAME

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6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

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54 CITY-ST-ZIP

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May 12 1997 8:00am

Secretary of State