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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000027011 (1)

RUTH CARPENTRY CONTRACTORS, INC.

FILED May 15 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address	Mailing Address			
131 NE 30TH 8T POMPANO BEACH FL 33064		131 NE 30TH ST	131 NE 30TH ST			
		POMPANO BEACH FL 33064				
}					DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified	
6 Poles in al D	leas at fit aireas	T on As III A Address			03/21/1996	
<u> </u>	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0657024	Not Applicable	
 _		· ¬	· ¬		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	<u> </u>	City & State			A Flydia Orașii Firmalia	
23	0	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	v	8. This corporation owes or has paid the cu	
24	25	29]	30	,	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer				10. Name and Address of New Registered	
C	ALLAHAN, RUTH		81	Name		3-23
	31 NE 30TH ST		ļ	ļ.,		
	OMPANO BEACH FL 33064		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
]	OMPANO BEACH PL 33004		83	 		
				<u> </u>		
l			84	City	Fl	85 Zip Code
11 Pureuant	to the provisions of Soction: 607 066	22 and 607 1608 Florida St	atutos the abou	o-pagged co	progration submits this statement for the purpose	
office or r	egistered agent, or both, in the State	e of Florida. Such change w	as authorized b	y the corpor	ration's board of directors. I hereby accept the ap	pointment as registered
agentla	m tam iliar with, and accept the oblig	pations of, Section 607.0505	, Florida Statute	\$.		
SIGNATURE	Signature, typed or printed harm of repulsers Lagr		NOTE Floristered As	ont signatus Foo	quired when reinstating) DATE	
12.		ID DIRECTORS	13.	ich agnatur rod	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	<u>D</u>	DELETE	1,1 TITLE		ABBITTOTO (ATTIONS OF A TOTAL OF	☐ Change ☐ Addition
NAME	CALLAHAN, RUTH		1.2 NAME			
STREET ADDRESS	131 NE 30TH ST			1 ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 3306	24	1.4 CITY -			
TITLE	TOMPANO BEACTIFE CODE	DELETE	2 1 HILE	31-21		☐ Change ☐ Addition
NAME		L.J.	2.2 NAME			
STREET ADDRESS				I ADDRESS		
				}		
CITY-ST-ZIP		DELETE	2.4 CHY- 31 TITLE	31.21		Change Addition
i		L_ 044474				CT cutaille CT viceures
NAME OTOTET LIBORESS			3.2 NAME	1.4000000		
STREET ADORESS			I -	1 ADDRESS		
CITY-ST-ZIP		DELETE	3.4 CITY- 4.1 TITLE	21-ZIP		Change Addition
TITLE		ال المودوداة		ļ		C onguide C vaquitoti
NAME			4.2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY -	ST-ZIP		Change Addition
TITLE		☐ OFTER	51 TITLE			Change Addition
NAME)			52 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-	S1-ZIP		
TITLE		☐ DELETE	6.1 TITLE	}		Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	1 ADDRESS		
CITY-ST-ZIP			6.4 CITY-			
14. I hereby o	ertily that the information supplied w	vith this filing does not quali			in Section 119.07(3)(i), Florida Statutes. I further c	ertify that the information

14. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 of 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 OUNTS CALLA AND

4-24-98