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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham ...

Secretary of State **DIVISION OF CORPORATIONS**

1998

DOCUMENT #
1. Corporation Name P96000034614 (3)

SOUTHWEST GULF CARPENTRY, INC.

FILED Mar 04 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		\neg	U ADDRIDDE AID LUIND DIRKE BETAL DUIN GRE	41 DOISO 14114 BIS48 BIA	IF BLADIT RESULTED I
1461 SCHENLEY ST. PORT CHARLOTTE FL 33952		1461 SCHENLEY ST. PORT CHARLOTTE FL 33952			DO NOT WRITE IN THIS SPACE		
				Ī	3. Date Incorporated or Qualified	7	
2. Principal P	lace of Business	2a. Mailing Address			04/22/1996 4. FEI Number		Applied For
	7 Roosevelt Au.		osevelt A		65-0664944		Not Applicable
Suite, Apt.		Suite, Apt. #, etc.				\$8.7	5 Additional
22		27			5. Certificate of Status Desired		e Required
City & State FL.		City & State 28 P. C. FL.			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip (14	Country	ا ـما	8. This corporation owes or has pa		
24 3395	9. Name and Address of Current	29 33954 Begistered Agent	30 Charlott		Personal Property Tax due June 10. Name and Address of New Re		L] No
GOFF, GREGORY J 81 Name CONTROL T GOFF							
Green Announce					IS P.O. Box Number is Not Acceptab	Jo)	
	RT CHARLOTTE FL 33952		101	7 7	Rooseve It Av	10)	
	×.		83				
"			84 City		41	—. 85 2	Zip Code
			Pos	<u>nt (</u>	Charlotte	FL 3	33954
11. Pursuant to office or re	to the provisions of Sections 607,0502 egistered agent, or both, in the State of	and 607.1508, Florida Statu I Florida, Such mange was	utes, the above-named sauthorized by the corp	corpora	ation submits this statement for the p	urpose of changin	ig its registered as 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 family 1 with, and accept the obligations of Section 607.0505, Florida Statutes.							
SIGNATURE	Signature typed or pyred namy it registed agent	1091	OTF: Registered Agent signature	roo.iirod i	urban rainstelina)	-6-99	8
12.		and title if applicable (NO DIRECTORS	13.	required	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	FORS IN 12
TITLE	PD	DELETE	1.5 TITLE			☐ Chan	
NAME	GOFF, GREGORY J		1.2 NAME				
STREET ADDRESS	1461 SCHENLEY ST.		1.3 STREET ADDRESS				
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		1.4 CITY-ST-ZIP				
TITLE	STD	L DELETE	2.1 TITLE		•	L_ Chang	ge 🗀 Addition
NAME	GOFF, CHERIE L		2.2 NAME				
STREET ADDRESS	1461 SCHENLEY ST.		2.3 STREET ADDRESS				,
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	DELETE	2. 4 CITY - ST - ZIP			☐ Chang	ge
TITLE NAME		□ nereic	3.1 TITLE 3.2 NAME			L_ Clark	To CI VOUITOR
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				ł
TITLE		DELETE	4.1 TITLE			Chang	ge Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Chang	ge 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP		DELETE.	5.4 CITY-ST-ZIP			T Observe	an Addition
TITLE		☐ DELETE	6.1 TITLE			L. Chang	ge L. Addition
NAME STREET ADDRESS			6.2 NAME				ŀ
STREET ADDRESS			6.3 STREET ADDRESS				
	ertify that the information supplied with						
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 or an attachment with an address.							

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