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May 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000037782 (5)

1. Corporation Name
GULF COAST CARPENTRY, INC.



Principal Place of Business: 340 LAKEVIEW DRIVE NORTH FORT MYERS FL 33917
Mailing Address: 340 LAKEVIEW DRIVE NORTH FORT MYERS FL 33917

3. Date Incorporated or Qualified: 04/26/1996
3a. Date of Last Report
4. FEI Number: 65-0691212
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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. City

9. Name and Address of Current Registered Agent
DUPREE, DAVID J
1475 JACKSONVILLE
SUITE 303
FORT MYERS FL 33901

10. Name and Address of New Registered Agent
Name: ~~DAVID J DUPREE~~
Street Address (P.O. Box Number is Not Acceptable):
City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I, the undersigned, being the duly authorized officer or registered agent, or both, in the State of Florida, do hereby certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered agent signature required when reappointing) DATE: _____

Table with 12 rows for Officers and Directors. Columns include Title, Name, Street Address, City-St-Zip, and a Delete checkbox. Row 1: THEDE, MARK, 346 LAKEVIEW DRIVE, NORTH FORT MYERS FL 33902-2199. Row 2: WEIS, ALAN J, 340 LAKEVIEW DRIVE, NORTH FORT MYERS FL 33917.

Table for Additions/Changes to Officers and Directors in 12. Columns include Title, Name, Street Address, City-St-Zip, and checkboxes for Change and Addition.

14. I do hereby certify that the information supplied with this filing does not qualify for 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 file 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: Mark Thede 5-11-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)