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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 26 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000038520 (8)**1. Corporation Name

TOP NOTCH CARPENTRY, CO.

PORT ST. JOHN STORAGE PORT ST. JOHN STORAGE 4995 NORTH U.S. #1 4995 NORTH U.S. #1 COCOA FL 32927-8030 COCOA FL 32927 3a. Date of Last Report 3. Date Incorporated or Qualified 05/06/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired 22 Fee Required 27 City & State: City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 6. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 30 Florida Statutes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GRAHAM, GREGG R PORT ST. JOHN STORAGE Street Address (P.O. Box Number is Not Acceptable) 4995 NORTH U.S. #1 83 **COCOA FL 32927** City Zip Code 85 1508. Florida Statutes, the above pamed corporation submits this statement for the purpose of changing its registered first change was authorized by the porporation's board of directors. I hereby accept the appointment as registered 11. Pursuant to the provisions of Sections 607.0502 and 607. office or registered agent, or both, in the State of Florida agent. Lam familiar with, and accept the obligations of, SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. (96/6)DELETE THEFE 1.1 TITLE Change X Addition President NAME 1.2 NAME R. Graham 95 N.US & Burage STREET ADDRESS 1.3 STREET ADDRESS 1.4 CiTY - ST - ZIP C:1Y - S1 - 2IF DELETE Addition THILE 2.1 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHTY - S1 - ZIF 2 4 CITY - ST - ZIF DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME STHEET ADDRESS 3.3 STREET ADDRESS 0117 - ST - 718 3.4. CITY-ST-ZIP 1171.6 DELETE Addition 4.1 TITLE NAM: 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS City St. 76 4.4 CITY-ST-ZIP DELETE 5.1 TITLE ___ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST-70 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. If do hereby certify that the information suppried 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 chan