

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 27 1997 8:00am
Secretary of State

DOCUMENT # P96000050774 (4)

1. Corporation Name
T & S FRAMING, INC.

Principal Place of Business

9926 SW 19 LANE
GAINESVILLE FL 32607

Mailing Address

9926 SW 19 LANE
GAINESVILLE FL 32607-3256

3. Date Incorporated or Qualified

06/12/1996

3a. Date of Last Report

2. Principal Place of Business

21 2851 NE 118 Terr

22 Suite Apt. #, etc.

23 City & State

Bronson, FL

24 Zip

32621

25 Country

Levy

2a. Mailing Address

25 2851 NE 118 Terr

27 Suite Apt. #, etc.

28 City & State

Bronson, FL

29 Zip

32621

30 Country

Levy

4. FEI Number

59-3388964

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 ☐ No

9. Name and Address of Current Registered Agent

SAPIENZA, FRANK J JR
9926 SW 19 LANE
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

81 Name

Thomas W. Thompson

82 Street Address (P.O. Box Number is Not Acceptable)

2851 NE 118 Terr

83

84 City

Bronson

FL

85 Zip Code

32621

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]

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☒ DELETE

NAME
D SAPIENZA, FRANK J JR
STREET ADDRESS
9926 SW 19 LANE
CITY - ST - ZIP
GAINESVILLE FL 32607

1.2 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.7 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.8 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition

NAME
D, P Thompson, Thomas W.
STREET ADDRESS
2851 NE 118 Terr
CITY - ST - ZIP
Bronson, FL 32621

2.1 TITLE ☐ Change ☒ Addition

NAME
T Wells, Chris
STREET ADDRESS
527 Kings Court
CITY - ST - ZIP
Gainesville, FL 32607

3.1 TITLE ☐ Change ☒ Addition

NAME
S McKee, Tim
STREET ADDRESS
P. O. Box 334
CITY - ST - ZIP
High Springs, FL 32643

4.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

7.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)