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

DOCUMENT # P96000060314 (7)

DAN'S I	FRAME AND TRIM, INC.					
Principal Place of Business 7770 E. RUSTIC TRAIL INVERNESS FL 34453		Mailing Address 7770 E. RUSTIC TRAIL INVERNESS FL 34453-1391) 1823/1821 148 (BYAT BUILL BOTH 1831) 1	98119 84119 90109 11101 11011 8101 8181	
					 Date Incorporated or Qualified 07/17/1996 	3a. Date of Last Report
	vace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3184269	Not Applicable
Suite, Apt	#, 610	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22]*		27				Fee Required
City & State	C)	Cily & State			6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 Zip	Country	26	Country		Trust Fund Contribution 8. This corporation has liability for in	
24	25	<u></u>	30			Yes No
<u> </u>	9. Name and Address of Curren		<u>~1</u>	<u> </u>	10. Name and Address of New Reg	
HFC	CKER, DANNY J		81	Name		· · · · · · · · · · · · · · · · · · ·
	0 E. RUSTIC TRAIL		82	Stroot	Address (P.O. Box Number is Not Acceptable	/α
	ERNESS FL 34453		102	30000	Address (1.0. box radinger is not Acceptable	0)
			83		33.74	
ĺ			84	City		85 Zip Code
				,		
	to the provisions of Sections 607.050, registered agent, or both, in the State im familiar with land accept the obliga	P and 607.1508, Florida Statutes of Florida. Such change was au ations of Section 607.0505, Flori	s, the above thorized by ida Statutes	e-named the corp s.	corporation submits this statement for the pi poration's board of directors. I hereby accep	rpose of changing its registered the appointment as registered
SIGNATURE	Stignaturi, Typed or printid name of orgistered age	nt and title Lappicable (NOTE	Registered Age	ent signature	e required when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TOLE		☐ DELETE	1.4 TITLE		Owner	Change Addition
NAME			1.2 NAME		Dunny J. Hecker 1770 E. Rustic Trail	
STREET ADDRESS			1.3 STREET	ADDRESS	7770 E. Kustie Irail	
City+St-ZiP			1.4 CiTY - S	T- Z IP	INJERNESS, F1-34453	
THEE		DELETE				Change Addition
NAME	}		2.2 NAME		1	
STREET ADORESS			2.3 STREET	ADDRESS		
CITY - ST - ZIF:		T BELEVE	2. 4 CITY -	ST-ZIP		
TITLE		L.] DELETE	31 TITLE			Change Addition
NAME			32 NAME			; ;
STREET ADDRESS			33 STREET			į.
CHTY - \$1 - 20P		DELETE	3.4. CITY-S 4.1 TITLE	ST-ZIP		Change Additio
1	}	בייין הברכוב			1	C cumula C Manuso
NAME OTOTOL HOUSEAN			4. 2 NAME	INDEFEC		;
STREET ADDRESS			4.3 STREET			
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NAME		had better	5.1 ITEE 5.2 NAME			C overdo C voquo.
STREET ADORESS			5.3 STREET	ADDDEGO		ij.
	İ		5.4 City - 9			i i
CHY-S1-ZIF TTLF		☐ DELETE	6.1 TITLE	ar - Arr		Change Addilic
NAMI		T Pack	62 NAME			in congo
STREET ADDRESS			6.3 STREET	AUUBEGG		!
CHECK STORES	İ		CACITY S			

14. I do hereby certify that the information supplied with this fiting 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 AND TYPED ON PRINTED NAME OF BIGNING OFFICER ON DIRECTO

3-21-97 352-126-4567

FILED

Mar 27 1997 8:00am

Secretary of State