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Jan 29 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000061328 (6)

1. Corporation Name  
S & A CUSTOM FRAMING, INC.

Principal Place of Business 191 WEST MIRACLE STRIP PARKWAY STE 2 MARY ESTHER FL 32569	Mailing Address 191 WEST MIRACLE STRIP PARKWAY STE 2 MARY ESTHER FL 32569
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2. Principal Place of Business 21 377 SONORA RD Suite, Apt. #, etc. 22 City & State 23 DESTIN FL Zip 24 32541 Country 25 OKALOOSA	2a. Mailing Address 26 377 SONORA RD Suite, Apt. #, etc. 27 City & State 28 DESTIN FL Zip 29 32541 Country 30 OKALOOSA
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3. Date Incorporated or Qualified  
07/22/1996

4. FEI Number  
59-3391828

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

O'KEEFE, STEPHEN W  
191 WEST MIRACLE STRIP PARKWAY STE 2  
MARY ESTHER FL 32569

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 377 SONORA RD
84 City
DESTIN FL 85 Zip Code
32541

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 607.0508, Florida Statutes.

SIGNATURE X Stephen W O'Keefe DATE 1-22-98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	O'KEEFE, STEPHEN W
STREET ADDRESS	191 W. HWY. 98 2
CITY-ST-ZIP	MARYRESTER FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT
1.2 NAME	
1.3 STREET ADDRESS	377 SONORA RD
1.4 CITY-ST-ZIP	DESTIN FL 32541
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: X Stephen W O'Keefe

1-22-98

CR2E034 (10/97)