SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Sep 23 1997 8:00am Secretary of State

DOCU 1. Corporation	MENT on Name	# P	96000	00694	408 (8)									
A & W	CARPEN	TRY INC) .											
7														
Principal Place of Business Mailing Address														
830 E. VALLEY DR. 830 E. VALLEY DR.														
BONITA SPRI	ITA SPRINGS FL 34134				DO NOT WRITE IN THIS SPACE									
										3. Date Incorporated or Qualified	3a. Date		Report	
	<u> </u>									08/19/1996				
2. Principal F	Place of Busin	noss	<u> </u>	2a. Mailing Address					4. FEI Number 65-0689.045		<u> </u>	pplied For		
21 Suite, Apt.	# etc			Suite, Apt. #, etc.					60-060-1043			ot Applicable		
22	. w, O.O.		<u></u> ⊢¬	27					6. Certificate of Status Desired			Additionat equired		
City & Stat	te			City & State					6. Election Campaign Financing			May Be		
23			28	28					Trust Fund Contribution			to Fees		
Žip	Country			Zip				untry		8. This corporation owes or has pa				
24	9 Name	and Adde		29 30 30 Registered Agent			Personal Property Tax due June 30. 10. Name and Address of New Registered A					_ No		
AN	DREWS, JA		000 01 0011011	11109101010			81	Name		10. Name and Address of New Ne	gistored Ag	3111		
	B PALERMO					Ctrool /	A alaka	ddress (P.O. Box Number is Not Acceptable)						
	MYERS BE						Street Addre		ss (P.O. Box Number is Not Acceptar	ne)				
							83							
								City		85 Zip Code		Code		
44 Durauant	to the provin	ione of Fe	otiono 607 060	2 and CO7 14	OR Florida Platu	on the s	D 01/1	, nomed				1		
office or i	registered ag	ent, or bo	th, in the State	of Florida S	uch change was	es, me a authorize	d by	the corp	corpo oralio	ration submits this statement for the parties of the parties of directors. I hereby acceptions	or the appoin	ianging ii itment as	ts registered registered	
-	am tamiliar w	ил, апо ас	cept the obliga	iiions oi, 5ec	otion 607.0505, FI	orida Sta	lules	.						
SIGNATURE	Signature, typed	or printed nar	no of registered age	and title if appl	icable. (NO)	£.: Rogistere	d Age	nl signature	required	when reinstating)	DATE			
12.	10000		OFFICERS AND	DIRECTOR		13.				ADDITIONS/CHANGES TO OFFIC				
TITLE NAME	PRES	DEN	ANDRO	zws	DELETE	1.11					Ŀ] Change	Addition	
STREET ADDRESS	830	E.	JAULY	DR	1.2 N		ET ADDRESS							
CITY-ST-ZIP	ROMIT	a 50	1811065	F1 30	4134		INEE I							
TITLE	EARL	_ (v->€	EKS		DELETE	2 1 TI		1 211				Change	Addition	
NAME	Vice	Pres		. >.		22 N	AME							
STREET ADDRESS	530		رعسمز		- 4.54	23S	TREET	ADDRESS						
CITY-ST-ZIP	BONT	<u> </u>	bury a	5,FC	. 34134 □ DELETE			31- 7 1P						
TITLE					L DEEE IE	3 1 TI		1			L	J Change	Addition	
NAME STREET ADDRESS						3.2 N		ADDRESS						
CITY-ST-ZIP								ADDRESS II - ZIP						
TITLE					DELETE	4.1 TI	_	11-211				Change	Acdition	
NAME						4. 2 N	IAME							
STREET ADDRESS						4.3 S	TREET	ADDRESS						
CITY-ST-ZIP						4.4 C	TY-S	I - ZIP				 		
TITLE					☐ DELETE	5.1 T I					L_] Change	☐ Addition	
NAME	l I					5.2 N								
STREET ADDRESS								ADDRESS						
CITY-ST-ZIP TITLE					DELETE	5.4 CI 6.1 TI		1-218				Change	Addition	
NAME					 ···· -	6.2 N					<u> </u>			
STREET ADDRESS								ADDRESS						
CITY-ST-ZIP						6.4 CI	TY-\$1	r- Z IP						
14. I do herel	by certify tha	t the inforn	nation supplied	with this filir	ng does not quali	ly for the	exe	notion st	ated is	n Section 119.07(3)(i), Florida Statute	s. I further ce	rtify that	the	

the man officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 1111 changed for the man attachment with an address.