

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 17 1998 8:00am  
Secretary of State

0097996

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000069832 (9)**  
1. Corporation Name **CARPENTRY SYSTEMS OF SOUTHWEST FL, INC.**

Principal Place of Business <b>11680 CHAPMAN AVE. BONITA SPRINGS FL 34135</b>	Mailing Address <b>11680 CHAPMAN AVE. BONITA SPRINGS FL 34135</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>27941 Imperial ST.</b> Suite, Apt. #, etc. 22 City & State 23 <b>Bonita Springs FL.</b> Zip Country 24 <b>34135</b> 25 <b>U.S.</b>	2a. Mailing Address 26 <b>P.O. Box 346305</b> Suite, Apt. #, etc. 27 City & State 28 <b>Bonita Springs FL.</b> Zip Country 29 <b>34136</b> 30 <b>U.S.</b>
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3. Date Incorporated or Qualified <b>08/22/1996</b>	4. FEI Number <b>65-0679301</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**FLESHER, CARL D JR.  
11680 CHAPMAN AVE.  
BONITA SPRINGS FL 34135**

10. Name and Address of New Registered Agent

81 Name <b>CARL D. FLESHER JR</b>	85 Zip Code <b>34135</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>24410 GOLDEN EAGLE LN.</b>	
83	
84 City <b>Bonita Springs FL</b>	

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>FLESHER, CARL D JR.</b>	
STREET ADDRESS <b>11680 CHAPMAN AVE.</b>	
CITY-ST-ZIP <b>BONITA SPRINGS FL</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE
NAME <b>FLESHER, CARL D SR</b>	
STREET ADDRESS <b>27941 IMPERIAL ST</b>	
CITY-ST-ZIP <b>BONITA SPRINGS FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS <b>24410 GOLDEN EAGLE LN</b>	
1.4 CITY-ST-ZIP <b>Bonita Springs, FL. 34135</b>	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  **RECARL D FLESHER JR**

Date

**8/25/98**

Daytime Phone #

CR2E034 (5/98)