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

**PROFIT** CORPORATION ANNUAL REPORT

1997

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ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000071472 (0)

R & A WOODWORKS, INC.

Principal Place of Business Mailing Address 824 BERETTA COURT 324 BERETTA COURT WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415-2839 3. Date Incorporated or Qualified 3a. Date of Last Report 08/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0682132 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes Yes No.

Name and Address of New Registered Agent 24 25 29 30 9. Name and Address of Current Registered Agent 81 Name BURGAMY, REX E 324 BERETTA COURT 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33415 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. DELETE ☐ Addition Change TITLE 1.1 TITLE BURGAMY, REX E NAME 324 BERETTA COURT STREET ADDRESS 13 STREET ADDRESS **WEST PALM BEACH FL 33415** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE Addition 21 BH F NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CFTY-ST-ZIP 3.4 CITY-\$1-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6 1 THILE NAME 62 NAME STREET ADDRESS 6.3 STREFT ADDRESS

CIGNIATI IDE:

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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 logal 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.

21-10-97

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**FILED** 

Apr 18 1997 8:00am

Secretary of State