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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000075376 (9)

VALUE CUSTOM MILLWORK, INC.

Mailing Address Principal Place of Business 733 WEST SMITH STREET 733 WEST SMITH STREET ORLANDO FL 32804-5225 ORLANDO FL 32804 3. Date Incorporated or Qualified 3a. Date of Last Report 09/09/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable 21 Suite, Apt.#, etc. Suite, Apt. #, etc. \$8.75 Additional П Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žip Country Zιρ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BREWER, DENNY H NI **550 KILLARNEY BAY COURT** 82 Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 83 84 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. NNY H. Brewer SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. DELETE Change Addition TITLE Director 1.1 TITLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS R 32804 CITY ST 709 1.4 City - ST-ZIP Secretary Treasurer Director DELETE Change Addition TITLE 2.1 TITLE DENNY H. Brewer I 2.2 NAME W. Smith Street 1 47 2.3 STREET ADDRESS STREET ADDRESS Orlando PC 32Boy C-TY - ST - Z)P 2. 4 CITY-ST-ZIP ☐ OELETE Vice Prosident Discoul 3.1 TITLE ☐ Change Addition TITLE Peter Malette 733 West Smith Street NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 32804 Durano FA CITY-ST-ZiP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - S1 - ZIP TITLE DELETE 51 TITLE Change Addition 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 62 NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-S1-Zif 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 legal effect as if made under oath; that I am an officer or director of the control of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name applied to the control of the receiver of the control of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name