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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000085457 (5)

1. Corporation Name

OAKWOOD INTERIOR TRIM, INC.

Principal Place of Business

16281 ALAN BLACK BOULEVARD EAST
LOXAHATCHEE FL 33470

Mailing Address

16281 ALAN BLACK BOULEVARD EAST
LOXAHATCHEE FL 33470-3752

3. Date Incorporated or Qualified

10/16/1996

3a. Date of Last Report

2. Principal Place of Business

21 4103 W. ATLANTIC BLVD

2a. Mailing Address

26 4103 W. ATLANTIC BLVD

4. FEI Number

65-0699577

Applied For

Not Applicable

Suite, Apt. #, etc.

22 404

Suite, Apt. #, etc.

27 404

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 COCONUT CREEK FLA

City & State

28 Coconut Creek FLA

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 33066

Country

Zip

29 33066

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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.

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 PD ☐ DELETE

NAME DEEREN, JEFFREY P
STREET ADDRESS 16281 ALAN BLACK BOULEVARD EAST
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE VSTD ☒ DELETE

NAME MCCUTCHEON, TROY D
STREET ADDRESS 16281 ALAN BLACK BOULEVARD EAST
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME DEEREN JEFFREY P
1.3 STREET ADDRESS 4103 W. ATLANTIC BLVD #404
1.4 CITY-ST-ZIP COCONUT CREEK 33066

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ABANDONED COMPANY
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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 Jeffrey P Deeren JEFFREY P DEEREN PRES 4-29-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0332731

CR2E034 (9/96)