

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

FILED

Apr 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000085586 (1)**

1. Corporation Name  
**MOSTLY MILLWORK, INC.**



Principal Place of Business <b>2005 FALMOUTH ROAD MAITLAND FL 32751</b>	Mailing Address <b>2005 FALMOUTH ROAD MAITLAND FL 32751-3511</b>
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2. Principal Place of Business 21 <b>2005 FALMOUTH RD.</b>		2a. Mailing Address 26 <b>2005 FALMOUTH RD.</b>		3. Date Incorporated or Qualified <b>10/14/1996</b>	3a. Date of Last Report <b>N/A</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>593407258</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State <b>MAITLAND, FLA.</b>		27 City & State <b>MAITLAND, FLA.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip <b>32751</b>		28 Country <b>SEMINOLE</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 <b>32751</b>		25 <b>SEMINOLE</b>		29 <b>32751</b>	
30 <b>SEMINOLE</b>		31 <b>SEMINOLE</b>		32 <b>SEMINOLE</b>	

9. Name and Address of Current Registered Agent <b>ENGLUND, JAMES 2005 FALMOUTH ROAD MAITLAND FL 32751</b>		10. Name and Address of New Registered Agent	
81 Name <b>JAMES ENGLUND</b>		82 Street Address (P.O. Box Number is Not Acceptable) <b>2005 FALMOUTH RD.</b>	
83		84 City <b>MAITLAND</b>	
85 Zip Code <b>32751</b>		86	

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: **JAMES ENGLUND** (Signature: Typed or printed name of registered agent and title if applicable) **James Englund** (NOTE: Registered Agent signature required when reinstating) **4-11-97** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ENGLUND, JAMES</b>		1.2 NAME	
STREET ADDRESS <b>2005 FALMOUTH ROAD</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>MAITLAND FL 32751</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ENGLUND, SANDRA</b>		2.2 NAME	
STREET ADDRESS <b>2005 FALMOUTH ROAD</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>MAITLAND FL 32751</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **James Englund** (Signature: Typed or printed name of signing officer or director) **4-11-97** **407-339-4204** DATE DAYTIME PHONE

CR2E034 (9/96)