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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000102995 (3)

DURDEN'S FRAMING, INC.

Principal Place of Business	Mailing Address	1	
15205 SW 154TH ST ARCHER FL 32618	15205 SW 154TH ST ARCHER FL 32618		

FILED
May 02 1997 8:00am
Secretary of State



						1	3, Date Incorporated or Qualified 3a, Date of Last Report		
	D(D. Mailing A.	10	·,	 	12/23/1996 Applied For		
	Principal Place of Business 2a. Mailing Address 2b. Durden's Framing				ino T	nc			
21			20						
Suite, Apt #, etc Suite, Apt. #, etc. 22 P.O. Box 278				5. Certificate of Status Desired \$8.75 Additional Fee Required					
22	/·•								
City & State City & State Archer, F1 32618					618	6. Election Campaign Financing \$5.00 May Be			
20				Trust faid Confliction Last Proposition 1965					
Zip		Country	<u>}-</u> ¬		¬ ''''	<i>(</i>	8. This corporation has liability for intangible tax under s. 199.032,		
24 25 29 30 30 9. Name and Address of Current Registered Agent					<u> </u>	Florida Statutes XX Yes No 10, Name and Address of New Registered Agent			
			Hairr Healstelen was	!}	81	Name			
DURDEN, DAVID E					۱۳,	of Name			
	14627 SW STATE ROAD 45					82 Street Address (P.O. Box Number is Not Acceptable)			
AR	CHER FL 32	618							
					83	ļ			
					64	City	85 Zip Code		
					<u>: </u>	<u> </u>	<u> </u>		
11. Pursuar	it to the provis	sions of Sections 607	.0502 and 607.1508, Fi	orida Statutes	, the abov	e-named	d corporation submits this statement for the purpose of changing its registere rporation's board of directors. I hereby accept the appointment as registered		
agent. I	l am familiar w	ith, and accept the o	bligations of Section 6	07.0505, Florid	da Statute	y 1116 601P S.	positions board of directors. Thereby accept the appointment ac registered		
SIGNATURE	:	•							
CIENTY	Signature typed		d agent and title if applicable	(NOTE: F	registered Ag	ent signature	e required when reinstating) DATE		
12.	- 1-5	OFFICERS	AND DIRECTORS		13.	· · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D			DELETE	1.1 TITLE		D/V Change Addition		
NAME		GERALD D			1.2 NAME		Durden, Gerald D		
STREET ADORESS	s 15 205 SV	v 154th st			1.3 STREE	t address	15205 SW 154th St.		
CI1Y-S1-7 P	ARCHER	FL 32618			1.4 CITY -	ST-ZIP	Archer, FL 32618		
Title	D			DELETE	2.1 TITLE		D/P X Change Addition		
NAME	DURDEN,	DAVID E			2.2 NAME		Durden, David E		
STREET ADDRES	14327 SW STATE ROAD 45			2.3 STREE	TADDRESS	14627 SW State Road 45			
COY-SI-ZIF	ARCHER	FL 32618			2.4 CITY-	ST-ZIP	Archer, FL 32618		
TITLE				DELETE	3.1 TITLE		T/AS Change X Additi		
NAME					3.2 NAME	i	Sandy Durden		
STREET ADORES	s				33 STREE	T ADDRESS	15205 SW 154th Street		
CITY-ST-ZIP	}				3.4. CITY	Į.	Archer, FL 32618		
TILE		· · · · · · · · · · · · · · · · · · ·	Т	DELETE	4.1 TITLE	V: 47	S Change X Additi		
NAME:					4. 2 NAME	:	Melvin D. Durden		
STREET ADDRES						T ADDRESS	P.O. Box 352 NA		
1	"				•		Archer, FL 32618		
TITLE				DELETE	4.4 CITY - 5.1 TITLE	21-71L	Change Additi		
			L		5.2 NAME		יייטטאל ביי טעריטיע ביי		
NAME						ľ			
STREET ADDRES	15					T ADDRESS			
CITY - ST - ZIP				LOCIETE	5.4 CITY -	ST-ZIP	Change Additi		
TITLE			<u></u>	DELETE	6.1 TITLE		Li Grange Li Adqiti		
NAME					6.2 NAME				
STREET ADDRES	SS				6.3 STREE	T ADDRESS			
City - S* - ZiP					6.4 CITY-				
14. I do he	reby certify the	at the information sup	plied with this filing do	es not qualify	for the ex	emption s	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the		

14. I do hereby certify that the information supplied with this filing does not quality 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/17

Daytime Phone # 0012183