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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000020213

Principal Place of Business

BENOIT WOODCRAFTERS, INC

4530 63RD CIRC		4530 63HD CIRCLE NO PINELLAS PARK FL 33781								
PINELLAS PARK FL 33781 US		US			DO NOT WRITE	DO NOT WRITE IN THIS SPACE				
		<del></del> -			3. Date incorporated or Qualifed 03/05/1997					
2. Principal <sup>3</sup>	ace of Business	2a. Mailing Address	-		4. FEI Number			App	lied For	
21		26			59-3433014			Not	/vpplicable	
Suite, Ap . #, etc.		Suite, Apt. #, etc.		5. Certifca e of Status Desired		\$8.75 Additional Fee Required				
City & State		City & State			6. Election Campaign Financing		\$5	00 1	lav Be	
23		28	-		Trust Fund Contribution			ded to	. 1	
Zip	Count y	Zip	Country	'	<ol><li>This corporation owes the curre</li></ol>				.,	
24	25	293	30		Personal Property Tax.		∐ Yes	1	No	
	9. Name and Address of Curren	Registered Agent		,	10. Name and Address of New Ro	gistered A	gent			
			81	Nam	ne					
BENOIT, ROSEMARY 4530 53RD CIRCLE NO			82	Stre	et Address (P.O. Box Number is Not Acceptate	ole)				
PINELLAS PARK FL 33781			83	-				-		
			84	City		FL	85	Zip Co	ode	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statuties, 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.  SIGNATURIE  Signature, typed or printed near e of registered agent; and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE										
12	Signature, types of printed the Confederation of th				ADDITIONS/CHANGES TO OFF	ICERS AND	DIRE	CTOF	3 IN 12	
TITLE	P	☐ DELETE	13. 1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Cha		Addition	
NAME	BENOIT, ROSEMARY	<del>_</del> ,	1,2 NAME						;	
STREET ADDRESS	4530 63RD CIR NO		1.3 STREET ADDR		ss					
CITY-ST-ZIP	PINELLAS PARK FL 33781		14 CITY-ST-ZIP							
TITLE	VP	☐ DELETE	2.1 TITLE				Cha	ange	Addition	
NAME	BENOIT, RAYMOND D.		2.2 NAME							
STREET ADDRES S	4530 63RD CIRCLE NO		2.3 STREE	TADDRE	ss					
CITY-ST-ZIP	PINELLAS PARK FL 33781	_	2. 4 CITY-ST-ZIP							
TITLE	VP	☐ DELETE	31 TITLE				Cha	ange	Addition	
NAME	BENOIT, JOSEPH W.		32 NAME							
STREET ADDRESS	4530 63RD CIRCLE NO		3.3 STREE	TADDRE	SS					
CITY-ST-ZIP	PINELLAS PARK FL 33781		3.4. CITY- 9	ST-ZIP						
TITLE		☐ DELETE 4.1					Cha	ange	☐ Addition	
NAME			4, 2 NAME							
STREET ADDRES S			4.3 STREE	T ADDRE	ss					
CITY-ST-ZIP			4.4 CITY - S	T-ZIP						
TITLE		DELETE	5.1 TITLE				Ch:	ange	Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE		SSS					
CITY-ST-ZIP		<u> </u>	5.4 CITY-S	ST-ZIP						
TITLE		☐ DELETE	61 TITLE				☐ Chi	ange	☐ Addition	
NAME			6.2 NAME							

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TYPED OR PRINTED HAME OF SIG

14. Therebi/ 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 recuired 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, with all other like empowered.

**FILED** 

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90168 042 \*\*\*150.00