

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000022499

1. Corporation Name
MID - FLA. FRAMING, INC.

Principal Place of Business
900 HOWARD TER NW
WINTER HAVEN FL 33881

Mailing Address
900 HOWARD TER NW
WINTER HAVEN FL 33881

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90110 019 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/04/1997

4. FEI Number
59-3439700

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 1035 West Chalet Suzanne Road

2a. Mailing Address
26 P.O. Box 2420

22 Suite, Apt. #, etc.
23 Lake Wales FL

27 Suite, Apt. #, etc.
28 Winter Haven

24 Zip 33853 25 Country USA

29 Zip 33883 30 Country USA

9. Name and Address of Current Registered Agent

BAXTER, HAROLD R
900 HOWARD TER NW
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1035 West Chalet Suzanne Rd
83
84 City Lake Wales FL 85 Zip Code 33853

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 D
NAME HATMAKER, GARY
STREET ADDRESS 4425 LAKE WALK-N-WATER RD
CITY-ST-ZIP LAKE WALES FL 33853

TITLE D
NAME BAXTER, HAROLD R
STREET ADDRESS 900 HOWARD TER NW
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 9416791188
Date Daytime Phone #

CR2E034 (1/98)