## 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 # P97000024596

D & L CARPENTRY, INC.

		_						
Principal Place of Business Mailing Address								
8721 TARRAGON DR ORLANDO FL 32825		8721 TARRAGON DR ORLANDO FL 32825			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					03/17/1997			
Principal Place of Business     2a. Mailing Address					4. FEI Number	Δ	pplied For	٠
21 26					59-3432672		lot Applicable	
		Suite, Apt. #, etc.	e, Apt. #, etc.		5. Certificate of Status Desired  5. Certificate of Status Desired			
22		27	, t		ree.required			
City & State		City & State	ity & State		6. Election Campaign Financing \$5.00 May Be			
23		28		Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Countr	у	This corporation owes the current year     Personal Property Tax.	ar intangible	□No	i
24 25 29 9. Name and Address of Current Regis			<u> </u>		10. Name and Address of New Register			l
	9. Name and Address of Currer	it Registered Agent	8	Name	10. Italia and tale			l
PFAL	JTSCH, LENNY 0							l
8721 TARRAGON DR ORLANDO FL 32825			82	Street Add	iress (P.O. Box Number is Not Acceptable)			l
			83	3		4 2 3 7 4 6		ı
						25 - 1 20 - 1 3 -	Code	l
			84	City	:	FL 85 Zip	Code	l
office or reagent. I ar	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was aum ations of, Section 607.0505, Florida	a Statute	s.	poration submits this statement for the purposion's board of directors. I hereby accept the a	ppointment oo .	registered	
Signature, typed or printer name of registered agent and title if applicable. (NOTE: Re				ent signature requir	ADDITIONS/CHANGES TO OFFICER		ORS IN 12	8
12.	OFFICERS AND DIRECTORS  D DELETE		1.1 TITLE		ADDITIONS/CHANGES TO OTTIOER	☐ Change		F034 (11/98)
TITLE	,		1.2 NAME		•			.4
NAME	PFAUTSCH, LEN 8721 TARRAGON DR.					•		5
ODI ANDO EL COCCE			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		•	•		1 5
CITY-ST-ZIP	ORLANDO FL 32825		2.1 TITLE			☐ Change	e Addition	2
TITLE	- Steel		2.2 NAME					
NAME STREET ADDRESS		2.3 STREET ADDRESS						
	2		2. 4 CITY					
CITY-ST-ZIP TITLE	☐ DELETE		3.1 TITLE			☐ Change	e Addition	===
NAME	•		3.2 NAME					ļ
STREET ADDRESS		;	3.3 STRE	ET ADORESS	the state of the s	e 1 40, 1,		
CITY-ST-ZIP			3.4. CITY	ST-ZIP		<u> </u>		
TITLE	☐ DELETE 4.11		4,1 TITLE			Change	e Addition	
NAME			4, 2 NAM	≣				
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		· · <u> </u>		1
TITLE		☐ DELETE	5.1 TITLE	1		☐ Chang	e	}
NAME			5.2 NAME					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	<u> </u>		5.4 CITY-					1
TITLE		☐ DELETE	6.1 TITLE			Change	e Addition	

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Feb 11, 1999 8:00am

**Secretary of State** 

02-11-1999 90011 007 \*\*\*150.00