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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000026516 (9)

1. Corporation SOUTH	IERN CARPENTRY & CONS						
Principal Place of Business Mailing Address						T COOKEDAL USA TATUS BADIS ADVIS ADVIS ADVIS BATIS ATTICA TIMIN ATTICA ATTICA	H INDIA BIFF 1661
P.O. BOX 621475 P.O. BOX 621475 OVIEDO FL 32762 OVIEDO FL 32762						DO NOT WRITE IN THIS SPACE	
ł						3. Date Incorporated or Qualified	
		···		, <u>,</u>		03/19/1997	
	Place of Business	·	2a. Mailing Address			4. FEI Number 59-3444227	Applied For
Suite, Apt.	# 610	26]	Suite, Apt #, etc.				Not Applicable
22	#, <del>G</del> (C.	27	¬			I E Certificate of Status Desired I I	5 Additional Required
City & Stat	le		City & State			6. Election Campaign Financing \$5.	00 May Be
23		28					led to Fees
Zip	Country Zip		Country		8. This corporation owes or has paid the current year		
24	25 29 30 9. Name and Address of Current Registered Agent		30		Personal Property Tax due June 30. X Yes No		
		nt Registered Ag	jent	81	Name	10. Name and Address of New Registered Agent	
	CK, GEOFFREY H						
	I JANE CREEK DRIVE NEVA FL 32732		82		Street Add	ress (P.O. Box Number is Not Acceptable)	
OCNEYA FL 32/32				83			
				B4	City	85 Z	Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the						▝	·
office or agent. I a	registered agent, or both, in the Stat im familiar with, and accept the oblig Signature, typed or proved name of registered as	e of Florida, Such gations of, Section and theil applicable	change was au i 607.0505, Flori	rthorized by ida Statules  Registered Age	the corporal	tion's board of directors. I hereby accept the appointment appointment when reinstating)  DATE	l as registered
12.		ND DIRECTORS	DECETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
TITLE	11-			1.1 TITLE		Chan	ige Addition
NAME ATRECT ADDRESS	Georgian	K 0-1.19	1.2 NAME		Innered		
STREET ADDRESS	Conqua FL 3	ົວລາ	າ 1.3 S <b>ໄ</b> ລ _		ADDRESS		
CITY-ST-ZIP TITLE	00.000,1	0132-	DELETE	1.4 CITY - S 2.1 TITLE	1 - ZIP	Chan	ce Addition
NAME		'	22 NAME			5.00	.go [
STREET ADDRESS				2.3 STREET	ADDRESS		
CITY-ST-ZIP				2. 4 CiTY - S	- 1		
TITLE				3.1 TITLE		☐ Chan	ge Addition
NAME	1			3.2 NAME			
STREET ADDRESS				3.3 STREET	ADDRESS		
CFTY - ST - ZIP				3.4 CITY-S	57-ZIP		
TITLE	DELETE			4.1 T(TLE		Chan	ge 🔲 Addition
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREE1	ADDRESS		
CITY-ST-ZIP			DE ETC	4 4 CHTY-S	T · ZIP		
TITLE	DELETE		T DEFFIF	5.1 TITLE		☐ Chan	ge 🔲 Addition
NAME				5.2 NAME			
STREET ADDRESS				5 3 STREET			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	DELETE	54 CITY-S	T- ZIP	Chan	ge Addition
TITLE		ı		61 TITLE		C) Clian	de may wounds
NAME OTREET ADVANCES				6.2 NAME	ADDDECC		
STREET ADDRESS				6.3 STREET	AUDRE 22		

14. Thereby 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 of 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.

**FILED** 

May 06 1998 8:00am

Secretary of State