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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000035538 (2)

B.G.E. CARPENTRY, INC.

FILED
Mar 13 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address **BIS RAVEN AVE 816 RAVEN AVE** LONGWOOD FL 32750 LONGWOOD FL 32750 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/18/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite Apt # etc Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired. Fee Required 22 City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 MURASKO, JOSEPH M 7125 US HWY 17-92 82 Street Address (P.O. Box Number is Not Acceptable) FERN PARK FL FL 63 84 City Zip Code 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 (NOTE Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition DELETE 1.1 TITLE Change TITLE EDDY, BRIAN 1.2 NAME NAME 816 RAVEN AVE STREET ADDRESS 1.3 STREET ADDRESS LONGWOOD FL 32750 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Channe Addition TITLE EDDY, CAROLINE NAME 2.2 NAME 816 RAVEN AVE STREET ADDRESS 2.3 STREET ADDRESS LONGWOOD FL 32750 CITY-S1-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TIFLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIP

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 eath; 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:

CAROLINE GODY

3/2/98

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