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 #
1. Corporation Name P97000055731 (8)

J.C. MILLWORKS OF SARASOTA, INC.

Principal Place of Business Mailing Address 7140 CAPTAIN KIDD AVE. SARASOTA FL 34231 7140 CAPTAIN KIDD AVE. SARASOTA FL 34231 2. Principal Place of Business

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/24/1997 2a. Mailing Address
28 398/ Sawyer Applied For ϱ_D 65-077257/ Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing SARASOTA 23 \Box Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 34233 30 JARASO MA 24 25 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name PREWETT, DANIEL L 5777 BENEVA ROAD SOUTH 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34233 83 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE D. P. TREAS, SOLY Change __ Addition TITLE 1.1 TITLE NAME DUBE, JANET 1.2 NAME 7140 CAPTAIN KIDD AVE. STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34231 CITY-ST-7IP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY ST-ZIP 2.4 CITY - ST - ZIP ☐ DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLÉ DELETE 6.1 TITLE Change Addition

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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE: ~

NAME

STREET ADDRESS

CITY-ST-ZIP

1-210-48

FILED

Feb 02 1998 8:00am

Secretary of State