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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000104279**1. Corporation Name

BRITTON CUSTOM CARPENTRY, INC.

| Dim ( O )  | · · · · · · · · · · · · · · · · · · ·  |  |  |  |   |  |                                  |   |
|--|--|--|--|--|---|--|----------------------------------|---|
| Principal Place  | e of Business  | Mailing Address  |  |  |   |  |                                  |   |
| 1067 SHADICK   | •  | 1067 SHADICK   |  |  |   |  |                                  |   |
| UNIT E   |  | UNIT E<br>ORANGE CITY FL 32720   |  | DO NOT   | WRITE IN TH                             | S SPACE                                  |                                  |   |
| ORANGE CITY FL 32720<br>US   |  | US   |  | 3. Date Incorporated or Qu   | alifed                                  |  |                                  |   |
| 03   |  |  |  |  | 12/10/1997                              |  |                                  |   |
| 2 Principal Pl   | lace of Business   | 2a. Mailing Address  |  |  | 4. FEI Number                           |  | Ap                               | plied For   |
|  | ·  | 26   |  |  | 59-3480498                              |  | <del></del>                      | t Applicable                                      |
| Suite, Apt.  | # etc  | Suite, Apt. #, etc.  |  |  |   |  | \$8.75                           |   |
| 22   | <i>m</i> <sub>1</sub> <b>d</b> to.   | 27   |  |  | 5. Certifcate of Status Desi            | red 🖸                                    | Fee Re                           | I .   |
| City & State   | e  | City & State   | -  |  | 6. Election Campaign Finar              | ncing _                                  | \$5.00                           | May Be  |
| 23   | •  | 28   |  |  | Trust Fund Contribution                 | g 🗆                                      | Added t                          |   |
| Zip  | Country  | Zip  | Country  |  | 8. This corporation owes th             | e current year                           | ntangible                        |   |
| 24   | 25   | 29   | 10   |  | Personal Property Tax.                  |  | ☐ Yes                            | X No  |
| <u> </u>   | 9. Name and Address of Current   | Registered Agent   |  |  | 10. Name and Address of                 | New Registere                            | d Agent                          |   |
|  |  |  | 81   | Name   |   |  |                                  |   |
|  | ŖIA, RONALD G  | w?   | 82   | Street Addr  | ress (P.O. Box Number is Not A          | ccentable)                               |                                  |   |
|  | CRANES WAY, SUITE 207  |  | "  | Oli Odi / tadi   |   |  |                                  | ment to the state of the                          |
| ALTA   | AMONTE SPRINGS FL 32701  |  | 83   |  | 10.16.16.16.16.16                       | ac 数数数                                   | 11.11.11.11                      |   |
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| (<br>)   |  | •  | 84   | City   |   | F  |                                  |   |
|  |  |  | <del></del>  |  |   | or the purpose                           | of changing its                  | registered  |
| 11. Pursuant   | to the provisions of Sections 607.0502   | and 607 1508, Florida Statutes   | s, the above   | e-named corpo  | oration submits this statement i        | annant the ene                           | aintenant as ro                  | gictored  |
| l '″ office or r   | to the provisions of Sections 607.0502<br>egistered agent, or both, in the State of<br>m familiar with, and accept the obligation  | r Florida. Such change was aut<br>ons of, Section 607.0505, Florid   | nonzed by<br>da Statutes   | ine corporatio   | on's board of directors. Thereby        | accept the app                           | ointment as re                   | gistered  |
| office or no agent. I a  | egistered agent, or both, in the State of<br>m familiar with, and accept the obligation<br>Signature, typed or printed name of registered agent a  | r Honda. Such change was autons of, Section 607.0505, Floridand title If applicable. (NOTE: F  | nonzed by<br>da Statutes<br>Registered Agen  | ine corporatio   | on's board of directors. Thereby        | DATE                                     | Official as to                   | gistered  |
| office or no display agent. I a SIGNATURE  | egistered agent, or both, in the State of<br>in familiar with, and accept the obligation<br>Signature, typed or printed name of registered agent a<br>OFFICERS AND   | r Horida, Such change was autons of, Section 607,0505, Floridand title if applicable.  (NOTE: F  | da Statutes Registered Agen  | ine corporatio   | on's board of directors. Thereby        | DATE                                     | Official as to                   | gistered  |
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| office or no file agent. La SIGNATURE  12.  TITLE  NAME  | egistered agent, or both, in the State of m familiar with, and accept the obligation of signature, typed or printed name of registered agent at OFFICERS AND DP BRITTON, DEAN W  | r Horida, Such change was autons of, Section 607,0505, Floridand title if applicable.  (NOTE: F  | tonized by da Statutes  tegistered Agen  13.  1.1 TITLE  1.2 NAME  | the corporation,   | on's board of directors. Thereby        | DATE                                     | AND DIRECTO                      | DRS IN 12   |
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14. I hereby certify that the information supplied with this filling 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 officer or director of the corporation Block 12 or Block 13 if changed, or

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Feb 01, 1999 8:00am

**Secretary of State** 

02-01-1999 90048 033 \*\*\*150.00