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Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90295 029 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS					
DOCUMENT # <b>P98000004003</b>							
1. Corporation Name <b>DOUGLAS KESSEL FRAME &amp; TRIM, INC.</b>							
Principal Place of Business <b>6145 55TH AVENUE NORTH ST. PETERSBURG FL 33709</b>		Mailing Address <b>6145 55TH AVENUE NORTH ST. PETERSBURG FL 33709</b>					
2. Principal Place of Business 21 <b>7895 41st St</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>7895 41st St</b> Suite, Apt. #, etc.					
22 City & State 23 <b>Pinellas Park FL</b> Zip Country 24 <b>33781</b> 25 <b>Pinellas</b>		27 City & State 28 <b>Pinellas Park FL</b> Zip Country 29 <b>33781</b> 30 <b>Pinellas</b>					
9. Name and Address of Current Registered Agent <b>KESSEL, DOUGLAS E 3974 TAMPA ROAD OLDSMAR FL 34677</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 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) DATE							
12. OFFICERS AND DIRECTORS TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>KESSEL, DOUGLAS E</b> STREET ADDRESS <b>6145 55TH AVENUE NORTH</b> CITY-ST-ZIP <b>ST. PETERSBURG FL 33709</b> TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>KESSEL, SUSAN P</b> STREET ADDRESS <b>6145 55TH AVENUE NORTH</b> CITY-ST-ZIP <b>ST. PETERSBURG FL 33709</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <b>P/T</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>Kessel, Douglas E</b> 1.3 STREET ADDRESS <b>7895 41st St</b> 1.4 CITY-ST-ZIP <b>Pinellas Park FL 33781</b> 2.1 TITLE <b>S</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <b>Kessel, Susan P</b> 2.3 STREET ADDRESS <b>7895 41st St</b> 2.4 CITY-ST-ZIP <b>Pinellas Park FL 33781</b> 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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.

SIGNATURE: **Douglas Kessel** **Douglas Kessel**  
**Susan Kessel** **Susan Kessel**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/99** **727-546-8392**  
Date Daytime Phone #

0409197

CR2E034 (11/98)