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FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90046 017 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000017024

1. Corporation Name
ORLANDO MILLWORK COMPANY

Principal Place of Business
**118 WISTERIA DR.
LONGWOOD FL 32779**

Mailing Address
**118 WISTERIA DR.
LONGWOOD FL 32779**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/20/1998

4. FEI Number
59-3495433

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 2800A S. Orange Blossom Trail

2a. Mailing Address
2b Trail (Same)

Suite, Apt. #, etc.
22 "A"

Suite, Apt. #, etc.
27 "A"

City & State
23 Orlando, Florida

City & State
28 Florida (Same)

Zip
24 32805

Country
29 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASEY, DOMINIC
118 WISTERIA DR.
LONGWOOD FL 32779**

81 Name **Dominic Casey**
82 Street Address (P.O. Box Number is Not Acceptable)
2800A S. Orange Blossom Trail
83
84 City **Orlando** **FL** 85 Zip Code **32805**

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] **1/24/99 DOMINIC CASEY**

[Signature] **1/24/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Dominic Casey
2800A S Orange Blossom Trail
Orlando, Florida 32805**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

[Signature] **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **1/24/99 407/837-1600**
Date Daytime Phone #

CR2E034 (11/98)