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CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000051484

1. Corporation Name

GARY W	ard carpentry framing	g, INC.							
Principal Place	of Business	Mailing Address			t iffüridet ibil ibilir süsis abstrai	DIAH MARIS MAJAS A	ridi fiðil æin	PALLENIA ALBI IRBI	
17121 DOYLE A		17121 DOYLE AVE							
PT. CHARLOTTE		PT. CHARLOTTE FL 33954							
, , , , , , , , , , , , , , , , , , , ,					DO NOT WR		SPACE		- 7
					3. Date incorporated or Qualified				{
					06/05/1998		1	Applied For	\dashv
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	1967	/ - 	Not Applicabl	-
21		26			65-010	110			' ⊣
Suite, Apt. /	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required	
22		27							┥
City & State	0 	City & State			6. Election Campaign Financing			O May Be d to Fees ===	
23		28 Zip	Coun	ntrv	8. This corporation owes the cur	rent year inte			
Zip	Country	— · -	_	~. ,	Personal Property Tax.	tont year this	Yes	□No	1
24	9. Name and Address of Currer		<u>'</u>	·	10. Name and Address of New	Registered /	<u> </u>		コ
	S. Name and Address of Currer	it trafigration whent		81 Name					7
WAR	ID. GARY C		L						
	21 DOYLE AVE		}	82 Street A	dress (P.O. Box Number is Not Accept	SECOND			1
	CHARLOTTE FL 33954		- H	83					7
1 11.	OTHER TE COSC								_
l			Г	84 City		FL	85 Zi	p Code	
						ГЬ	<u></u>		- 1
			<u></u>			NUMBER OF	handina l		7
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statutes of Florida, Such change was auth	the ab	ove-named co by the corpor	orporation submits this statement for the ation's board of directors. I hereby acce	purpose of e	hanging i Iment as	its registered registered	7
11. Pursuant office or reagent, Lar	to the provisions of Sections 607.050 egistered agent, or both, in the State of familiar with, and accept the obligations are sections.	02 and 607,1508, Florida Statutes of Florida. Such change was autitions of, Section 607,0505, Florid	, the ab nonized a Statu	ove-named corporates,	proporation submits this statement for the ation's board of directors. I hereby acce	purpose of ept the appoin	hanging i Iment as	its registered registered	7
SIGNATURE					procration submits this statement for the ation's board of directors. I hereby acce		hanging i	registered	1_
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	sgratered /		uired when reinstating)	DATE			1 _
SIGNATURE	Signature, typed or privated name of registered age OFFICERS At	nt and title if applicable. (NOTE: Ru	13.	geni signature req		DATE	D DIREC	TORS IN 12	1_
SIGNATURE 12. TITLE	Signature, typed or priread name of registered ege OFFICERS AN	nt and title if applicable. (NOTE: Re	13.	Agent signature req	uired when reinstating)	DATE		TORS IN 12	1_
SIGNATURE 12. TITLE NAME	Signature, typed or prired name of registered ege OFFICERS AND WARD, GARY C	nt and title if applicable. (NOTE: Ru	13. 1,1 (1)? 1,2 NA	Ageni signature req LE	uired when reinstating)	DATE	D DIREC	TORS IN 12	1_
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or prired name of registered ege OFFICERS AND WARD, GARY C 17121 DOYLE AVE	nt and title if applicable. (NOTE: Ru	13. 1.1 T/R 1.2 NA/ 1.3 STE	lgent signature req LE ME REET ADDRESS	uired when reinstating)	DATE	D DIREC	TORS IN 12	1_
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY ST-ZIP	OFFICERS AND WARD, GARY C 17121 DOYLE AVE PT. CHARLOTTE FL 33954	IN and tide if epipicable. (NOTE: Ru ND DIRECTORS	13. 1.1 T/T 1.2 NAI 1.3 STF 1.4 C/T	LE ME METADORESS Y-ST-ZIP	uired when reinstating)	DATE	D DIREC	TORS IN 12 e Additi	RZE034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AT OFFICERS AT OWARD, GARY C 17121 DOYLE AVE PT. CHARLOTTE FL 33954 D	nt and title if applicable. (NOTE: Ru	13. 1,1 777 1,2 NAI 1,3 STE 1,4 CIT 2,1 TITE	LE ME METADORESS Y-ST-ZIP LE	uired when reinstating)	DATE	D DIREC	TORS IN 12 e Additi	RZE034 (11/98)
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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:

Design Phone 8

FILED

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90207 010 ***150.00