## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000082211

JOHNSON TRIM & FRAME, INC.

Principal Place of Business		Mailing Address				I ISBUIGOT (FR SETEL ISITE DESTI BETTI BETTI BETTI		11061 1181 1881
1922 SE 5TH COURT		1922 SE 5TH COURT						
CAPE CORAL FL 33990		CAPE CORAL FL 33990		DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed		
	•					09/21/1998		
2. Principal P	lace of Business	2a. Mailing Address				4 FELNumber	App	plied For
21		26				65-086742	7 Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	.,-			5. Certifcate of Status Desired	\$8.75 A	
22		27				3. Certificate of Status Desired	Fee Re	quired
City & State	0	City & State				6. Election Campaign Financing	\$5.00	-
23		28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Count	itry		8. This corporation owes the current year		□No
24	25	29	30			Personal Property Tax.  10. Name and Address of New Register		
	9. Name and Address of Curre	nt Registered Agent		81	Name	to. Name and Address of New Register	eu Agent	
HOL	NSON, MARK A		Ľ					
1922 SE 5TH COURT			8	82	Street A	ddress (P.O. Box Number is Not Acceptable)		
	E CORAL FL 33990		-	83				
<b>-</b>			L					
				84	City	F	85 Zip C	Code
office or r	registered agent or both in the State	e of Florida. Such change was	authorized i	DV In	e corpor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as req	gistered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, FI	orida Statut	tes.		·		
agent. I a	m familiar with, and accept the oblig	pations of, Section 607.0505, FI	Orida Statut	tes.		uired when reinstating) DATE	AND DIRECTO	
agent. I a SIGNATURE 12.	m familiar with, and accept the oblig  Signature, typed or printed name of registered as  OFFICERS A	partions of, Section 607.0505, FI pent and title if applicable. (NOT ND DIRECTORS	E: Registered A	ies.		·	AND DIRECTO	
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6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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.

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90026 010 \*\*\*150.00