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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S01871

(0)

KEVIN BALLARD CARPENTRY, INC.

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**FILED** 

May 15 1998 8:00am

Secretary of State

|                                                                                       |                           |                               |                                                |                         |                      |                                              | ——                                                                                              | 91811 B1811 B1811 31811 B1811 1881      |
|---------------------------------------------------------------------------------------|---------------------------|-------------------------------|------------------------------------------------|-------------------------|----------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------|
| Principal Plac                                                                        | oe of Business            |                               | Mailing Ad                                     | ddress                  |                      |                                              | r and temin ari ani bi êled farti jadat 31ê i dibat                                             | ANDIN ENDIN BIGIN ANDIN BIBIN 1881      |
| 6604-2ND AVE. N.E.<br>BRADENTON FL 34206<br>US                                        |                           |                               | 6604-2ND AVE. N.E.<br>Bradenton Fl 34206<br>US |                         |                      |                                              | DO NOT WRITE IN THIS SPACE                                                                      |                                         |
|                                                                                       |                           |                               |                                                |                         |                      | 3. Date Incorporated or Qualified 09/13/1990 |                                                                                                 |                                         |
|                                                                                       | Place of Business         | Manatee                       | 2a. Mailing                                    |                         | per                  | Manat                                        | 4. FEI Number                                                                                   | Applied For<br>Not Applicable           |
| Suite, Apt.                                                                           |                           | THAT HOPE                     |                                                | Apt. #. etc.            | ine.                 | . 4-1 11/11                                  |                                                                                                 | \$8.75 Additional                       |
| 22 Bive                                                                               | er Roa                    | <u>d</u>                      | 27 BI                                          | ver P                   | <b>2004</b>          |                                              | 5. Certificate of Status Desired                                                                | Fee Required                            |
| City & Stel                                                                           | dentor                    | , FLA                         | 28 Bra                                         | dent                    | on,                  | PLA                                          | 6. Election Campaign Financing Trust Fund Contribution                                          | \$5.00 May Be<br>Added to Fees          |
| 24 342                                                                                | 202 25                    | Country                       | 29 34                                          | 202                     | 30 Co.               | US                                           | 8. This corporation owes or has paid the<br>Personal Property Tax due June 30.                  | current year Intangible                 |
|                                                                                       | 9. Name and               | d Address of Curre            | nt Registered A                                | gent                    | <del></del>          |                                              | 10. Name and Address of New Registe                                                             | red Agent                               |
| BA                                                                                    | LLARD, KEVIN              |                               |                                                |                         |                      | 81 Name                                      |                                                                                                 |                                         |
| BRADENTON FL 84298- RIVEY FOOD  82 Street Address (P.O. Box Number is Not Acceptable) |                           |                               |                                                |                         |                      |                                              |                                                                                                 |                                         |
| j BR                                                                                  |                           |                               | rhoad                                          |                         |                      | 83                                           |                                                                                                 |                                         |
| }                                                                                     | •                         | 34202                         |                                                |                         |                      |                                              |                                                                                                 | log Zin Codo                            |
|                                                                                       |                           |                               |                                                |                         |                      |                                              | <del>-</del>                                                                                    | EL 85 Zip Code                          |
| 11. Pursuant                                                                          | to the provisions         | of Sections 607.050           | )2 and 607,1508<br>of Florida, Such            | , Florida Stati         | utes, the a          | bove-named co                                | orporation submits this statement for the purporation's board of directors. I hereby accept the | se of changing its registered           |
| agent. 1 a                                                                            | am <b>fa</b> miliar with, | and accept the oblig          | ations of, Sectio                              | in 607. <b>0</b> 505, f | Florida Sta          | utes.                                        | A .                                                                                             | 27-98                                   |
| SIGNATURE                                                                             | Slobalita lwood or to     | milled harno of registered ag |                                                | de (NC                  | Don<br>Off Registere | na ba                                        | Cllard 4- quired when reinstating) DA                                                           | - · · · · · · · · · · · · · · · · · · · |
| 12.                                                                                   |                           |                               | D DIRECTORS                                    |                         | 13.                  |                                              | ADDITIONS/CHANGES TO OFFICERS                                                                   |                                         |
| TITLE                                                                                 | DP                        |                               |                                                | DELETE                  | 1.1 Ti               | TLE                                          |                                                                                                 | Change Addition                         |
| NAME                                                                                  | BALLARD, I                | KEVIN                         | 110000                                         | ام ملا                  | 12 N                 |                                              |                                                                                                 | ;                                       |
| STREET ADDRESS                                                                        | -6004-2ND /               | WE N. 1450<br>N FL 84208-Riv  | Lar Dal                                        | 2120                    | 1.3 5                | REET ADDRESS                                 |                                                                                                 |                                         |
| CITY-ST-ZIP                                                                           | ST BRADENIO               | N FL 84208-1711               | rer ra                                         | DELETE                  | 2111                 | TY-ST-ZIP                                    |                                                                                                 | Change Addition                         |
| NAME                                                                                  | BALLARD, (                | DONNA 145                     | o uppe                                         | ~ Mono                  | 2402,2N              | AME .                                        |                                                                                                 | C CHOUSE C NOOHOH                       |
| STREET ADDRESS                                                                        | -8604-2ND-/               |                               | ver Ro                                         | <b>L</b> .              |                      | REET ADDRESS                                 |                                                                                                 | ļ                                       |
| CITY-ST-ZIP                                                                           | 1                         | N FL-34200→                   |                                                | 202                     |                      | ITY-ST-ZIP                                   |                                                                                                 |                                         |
| TITLE                                                                                 |                           |                               |                                                | DELETE                  | 3.1 11               | TLE                                          |                                                                                                 | Change Addition                         |
| NAME                                                                                  |                           |                               |                                                |                         | 3.2 N                | <b>AM</b> E                                  |                                                                                                 |                                         |
| STREET ADDRESS                                                                        | ]                         |                               |                                                |                         |                      | REET ADDRESS                                 |                                                                                                 |                                         |
| CITY-ST-ZIP                                                                           | <del> </del>              |                               |                                                | DELETE                  |                      | ITY-ST-ZIP                                   |                                                                                                 | Change Addition                         |
| TITLE<br>NAME                                                                         |                           |                               |                                                | FT DEFEIG               | 4.1 Ts<br>4. 2 N     |                                              |                                                                                                 | La Change La Addition                   |
| STREET ADDRESS                                                                        |                           |                               |                                                |                         |                      | REET ADDRESS                                 |                                                                                                 |                                         |
| CITY-ST-ZIP                                                                           | 1                         |                               |                                                |                         | 1                    | TY-ST-ZIP                                    |                                                                                                 |                                         |
| TITLE                                                                                 |                           |                               |                                                | DELETE                  | 5.1 10               |                                              |                                                                                                 | ☐ Change ☐ Addition                     |
| NAME                                                                                  | J                         |                               |                                                |                         | 5.2 N                | AME                                          |                                                                                                 |                                         |
| STREET ADDRESS                                                                        |                           |                               |                                                |                         | 5.3 S1               | REET ADDRESS                                 |                                                                                                 |                                         |
| CITY-S1-ZIP                                                                           |                           |                               |                                                |                         | 5.4 CI               | TY-ST-ZIP                                    |                                                                                                 |                                         |
| TITLE                                                                                 |                           |                               |                                                | DELETE                  | 6.11!                | i i                                          |                                                                                                 | ☐ Change ☐ Addition                     |
| NAME                                                                                  | I                         |                               |                                                |                         | 62 N                 | ME                                           |                                                                                                 |                                         |

14. Thereby 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 supplied 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.

6.3 STREET ADDRESS