

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

FILED

Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S21166** (1)
1. Corporation Name
M & M FRAME AND TRIM, INC.



Principal Place of Business 9712 POPLAR STREET NEW PORT RICHEY FL 34654	Mailing Address 9712 POPLAR STREET NEW PORT RICHEY FL 34654-4038
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2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/19/1990	3a. Date of Last Report 05/01/1996
				4. FEI Number 59-3044221	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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

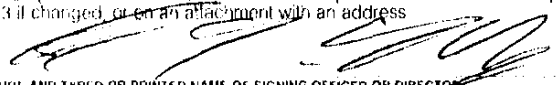
9. Name and Address of Current Registered Agent KLIMIS, GEORGE N. 6645 RIDGE RD PORT RICHEY FL 34668		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant 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 _____ (Name of Registered Agent and Title of Applicant) _____ (Name of Registered Agent Signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	MURPHY, CHARLES T	1.2 NAME	
STREET ADDRESS	9712 POPLAR ST	1.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW PORT RICHEY FL	1.4 CITY-STATE-ZIP	
TITLE	T	2.1 TITLE	☐ Change ☒ Addition
NAME	EDWARD WINSHIP	2.2 NAME	V.P.
STREET ADDRESS	13209 MIDVALE AVENUE	2.3 STREET ADDRESS	ANDREW ROUN
CITY-STATE-ZIP	NEW PORT RICHEY FL	2.4 CITY-STATE-ZIP	12253 LUNTANA AVE.
TITLE	S	3.1 TITLE	☐ Change ☒ Addition
NAME	SULINSKI, ANTHONY	3.2 NAME	S. William Channon
STREET ADDRESS	9712 POPULAR STREET	3.3 STREET ADDRESS	13209 Midvale Ave
CITY-STATE-ZIP	NEW PORT RICHEY FL	3.4 CITY-STATE-ZIP	N.P.R. FL 34654
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Charles T. Murphy** 3-15-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone: _____

CR2E034 (9/96)