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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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

03-25-1999 90059 046 ***150.00

DOCUMENT # S30838					
INDIAN RIVER CARPENTRY, INC.					
INDIAN INICIPOLATICITY INCO	•		# 100%(010 (000 (1)))	OLOTE OLOTE ALOTE OLOTE I	1011 1101
31 1				Oldli filmi bidii filmi	
Principal Place of Business	Mailing Address		4 ISBN 1810 IGO NAN ODIGA IRANG KANG KAN DIGA] 	11011 1001
8466 FLORALAND AVE.	8466 FLORALAND AVE.	- L			
SEBASTIAN FL 32958 SEBASTIAN FL-32958		- 50 0	DO NOT WRITE IN THIS	SPACE	
·			3. Date incorporated or Qualifed	3 OF ACE	\neg
	•	≥	02/11/1991		
2. Principal Place of Business	2a. Mailing Address	 _	4. FEI Number	Applied	For
21	26		59-3053587	Not Ap	plicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addit	
22	27		5. Certificate of Status Desired	Fee Require	ed
City & State	City & State		6. Election Campaign Financing	\$5.00 May	
23	28		Trust Fund Contribution	Added to Fe	es
Zip Country	Zip	Country	8. This corporation owes the current year in	tangible ☐Yes ⊠ N	<u>ام</u> (
24 25		30	Personal Property Tax. 10. Name and Address of New Registered		
9. Name and Address of Current	Registered Agent	81 Name	IV. Name and Address of New Registered	Agent A	-
FINNEGAN, JOHN P., III					
8466 FLORALAND AVE.		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	•	
SEBASTIAN FL 32958		83			
				·····	
		84 City	FL	85 Zip Code	']
11. Pursuant to the provisions of Sections 607.0502	and 607,1508, Florida Statute	s, the above-named corp	oration submits this statement for the numose of	f changing its regi	stered
l attachment and a second and the cinter of	Elarida, Such change was au	thorized by the cornoralic	on's board of directors. I hereby accept the appo	intment as registe	red
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR

3-27-99 561388-9662