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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **S52272** 



SOUTHEASTERN ARCHITECTURAL MILLWORK, INC.

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90058 039 \*\*\*150.00

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Principal Place	Mailing Address				( 1981) Big tot Stille 1/8/4 (1841) 1/8/4 (1841) 5/4/4 (1841) 5/4/4 (1841)						
28 RABBITS RU	IN	28 RABBITS RUN									
PALM BEACH O	GARDENS FL 33418	PALM BEACH GARDENS FL 33418				DO NOT WRITE IN THIS SPACE					
						Date Incorporated or Qualifed		0,,,,,			
					1	05/13/1991					
2. Principal Pl	lace of Business	2a. Mailing Address	•			4. FEI Number			Appl	ied For	
21		26				65-0261115			Not .	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired				ditional	
22		27				5. Continuate of Guide Doctor		Fe	e Req	uired	
City & State	9	City & State				6. Election Campaign Financing			<b>00</b> M		
23		28	Countr			Trust Fund Contribution			ied to	rees	
Zip	Country	Zip	Countr	у		<ol><li>This corporation owes the curn Personal Property Tax.</li></ol>	ent year Inta	ingible Yes	г	]No	
24	9. Name and Address of Current		10			10. Name and Address of New R	egistered /				
	5. Name and Address of Current	. Registered Agent	8	1 1	Name	TO, Hallie and your source of their	<u>-</u>				
SNID	JER, JOHN R		82								
28 RABBITS RUN				2 3	Street Addres	s (P.O. Box Number is Not Accepta	ble)				
PALA	M BEACH GARDENS FL 33418		8:	3							
				$\perp$				las!	-· A		
			84	4 1	City		FL	85	Zip Co	de	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the abov	ve-r	named corpor	ation submits this statement for the	purpose of	changin	g its re	gistered	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was aut	norized bi	v in	e corporation	s board of directors. I hereby accep	t the appoir	itment a	ıs regi	stered	
SIGNATURE										-	
SIGNATURE	Signature, typed or printed name of registered agent		legistered Age	ent si	signature required w		DATE				
12.	OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OF	FICERS AN				
TITLE	PVP	☐ DELETE	1.1 TITLE					Cha	uĝe	☐ Addition	
NAME	SNIDER, JOHN R		1.2 NAME								
STREET ADDRESS	28 RABBITS RUN	440	1.3 STRE								
CITY-ST-ZIP	PALM BEACH GARDENS FL 334	418 □ DELETE	1.4 CITY-1 2.1 TITLE		ZIP			☐ Cha	nge	Addition	
TITLE	ST CHIPPY A	☐ DELETE							· · · · · ·		
NAME	SNIDER, SHERRY A 28 RABBITS RUN		2.2 NAME 2.3 STREI		DDDEGG						
STREET ADDRESS	PALM BEACH GARDENS FL 33	410									
CITY-ST-ZIP TITLE	FALIN DEACH GARDENS PE 33	DELETE	2. 4 CITY- 3.1 TITLE		ZIF	-		☐ Cha	nge	Addition	
NAME			3.2 NAME								
STREET ADDRESS			3.3 STREE		DORESS						
CITY-ST-ZIP			3.4. CITY-		1						
TITLE		☐ DELETE	4.1 TITLE			<u> </u>		☐ Cha	nge	Addition	
NAME			4. 2 NAME	E						J	
STREET ADDRESS			4.3 STRE	ET AL	DDRESS						
CITY-ST-ZIP			4.4 CITY-	ST-Z	ZIP						
TITLE		☐ DELETE	5.1 TITLE					☐ Cha	nge	Addition	
NAME			5.2 NAME								
STREET ADDRESS			5.3 STRE								
CITY-ST-ZIP	•		5.4 CITY-		ZIP			r-1			
TITLE		☐ DELETE	6.1 TITLE					Cha	nge	☐ Addition	
NAME			6.2 NAME							1	
STREET ADDRESS			6.3 STRE	ET AL	ODRESS					}	

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 suppliemental 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.

6.4 CITY-ST-ZIP

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR