

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V13516 (2)

1. Corporation Name

SOUTHERN FRAMING CONSTRUCTION, INC.



Principal Place of Business

Mailing Address

P. O. BOX 488  
HOLLISTER FL 32147  
US

P. O. BOX 488  
HOLLISTER FL 32147  
US

2. Principal Place of Business

21 P.O. Box 488

Suite, Apt. #, etc

22 City & State  
Hollister, FL

23 Zip  
32147

24 Country  
US

2a. Mailing Address

26 P.O. Box 488

Suite, Apt. #, etc

27 City & State  
Hollister FL

28 Zip  
32147

29 Country  
US

3. Date Incorporated or Qualified

02/10/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3105588

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

SCHAUS, SMOKEY  
127 DARBY DR.  
HOLLISTER FL 32147

10. Name and Address of New Registered Agent

81 Name

Schaus, Smokey

82 Street Address (P.O. Box Number is Not Acceptable)

127 Darby Dr.

83

84 City

Hollister

FL

85 Zip Code

32147

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

Signature type for principal officer of registered agent and if applicable

(NOTE: Registered Agent signature expires when term starts)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P  
STREET ADDRESS SCHAUS, SMOKEY  
127 DARBY DR.  
CITY - ST - ZIP HOLLISTER FL

TITLE ☐ DELETE

NAME V  
STREET ADDRESS SCHAUS, SMOKEY  
127 DARBY DR.  
CITY - ST - ZIP HOLLISTER FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra B. Mortham  
Signature and Typed or Printed Name of Signing Officer or Director

4/31/96 (904) 308-9765  
Daytime Phone

CR2E034 (3/96)