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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V52142

(9)

HARDWOOD BUILDING, INC.

FILED Apr 23 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address						GION ENDIN (AD)	
	5 25TH AVE NE APLES FL 34120				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified			
6 Discinct D	lace of Business	2a. Mailing Address				07/17/1992 4. FEI Number		1	
2. Principal P	O And St. N.E.	26 2660 21	ual s	S+. A	J.E.	65-0360197		Applied For Not Applicable	
Suite, Apt. #, etc. 2					5. Certificate of Status Desired S8.75 Additional Fee Required				
City & Stat	City & State City & State City & State 28 // RO/ES, F1					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
1 341	20 25 Collier	29 34120 30	Coun		er		Yes	r Intangible No	
					10. Name and Address of New Registered Agent				
ECKBLAD, ROBERT 45-25TH AVE., N.E. 2660 245+. N.E. NAPLES FL 34120									
				2 Street	Street Address (P.O. Box Number is Not Acceptable)				
			8	3					
			8	4 City		FL	85 2	Zip Code	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State community from the onligation of the obligation of the obli	of Florida, Such change was auth	orized	by the corr	corpoi poratio	ration submits this statement for the purpose on's board of directors. I hereby accept the app	f changir pointment	ng its registered t as registered	
SIGNATURE					··· <u>·</u> ··				
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signat 12, OFFICERS AND DIRECTORS 13.					required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
			1.1 TITL		Ι	Change Addition			
-	· •				I				

SCHMIEDING, PETER J. 367 RIDGE DRIVE STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE ECKBLAD, ROBERT A. 2.2 NAME NAME 26571 LONDON LANE STREET ADDRESS 2.3 STREET ADDRESS **BONITA SPRINGS FL** 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE ECKBLAD, LAURA G. 3.2 NAME NAME 26571 LONDON LN 3.3 STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE __ Change Addition 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZiP CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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 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 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 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 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 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 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 18 if chapter 607, Florida Statutes are supplied with the information Indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if further certific that the information Indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if further certific the information Indicated on the Indica

SIGNATURE SOLLA & lat. Lu.A.

LAURA JECKHOOM

11/18/98 (aw 202-12-12)