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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(1)

FILED Feb 02 1998 8:00am Secretary of State

KELLEY'S CABINET SUPPLY, INC.												
											ALTH AIRH BIAI	
Principal Plans of Projects				NA-III Add								
Principal Place of Business				Mailing Address								
1019 NORTH COMBEE 1019 NORTH COMBEE LAKELAND FL 33801 LAKELAND FL 33801												
									DO NOT WRITE IN THIS SPACE			
									3. Date Incorporated or Qualified			
2, Principal F	Place of Busin	2a. N	2a. Mailing Address					09/26/1973 4. FEI Number		Ar	oplied For	
21		h	26					59-1563450			ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	
22				27				s, Certificate of Status Desired		Fee Re	equired	
City & State -				City & State				6. Election Campaign Financing			May Be	
Zip	Country			Zip Country			,		Trust Fund Contribution		Added	
24	<u> </u>	25	29	лÞ	30	Juli 11 y	•	- 1	 This corporation owes or has pa Personal Property Tax due June 			langible] No
24	g, Name and Address of Current								10. Name and Address of New Registered Agent			
KE	LLEY, MARV				*******	81	Name					
507 HIGHVIEW CIR N						82 Street Address (P.O. Box Number is Not Acceptable)						
BRANDON FL 33510				*			Silesi Au	301699	(F.O. Box Number is Not Acceptab	ie)		
-						83						
						84	City		· · · · · · · · · · · · · · · · · · ·		85 Zip (Code
										FL	1	
11. Pursuant	to the provision	ons of Sections 607.	0502 and 607	.1508, Florida Ŝtatu	tes, the a	above	e-named co	orporat	tion submits this statement for the p s board of directors. I hereby accep	urpose of	changing it	s registered
agent. I a	am familiar wit	h, and accept the of	oligations of, S	Section 607.0505, FI	orida St	atutes	3.	i attori s	a board of directors. Thereby accep	it the app	Antinont as	registered
SIGNATURE												
10	Signature, typed o	or printed name of registored	I agent and title if a AND DIRECTO		TE Register		per eruterigia tri	quired wh	heri reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DEBC AND	DIBECTOE	OC IN 12
12.	P		AND DINEON	DELETE	_	TITLE			ADDITIONS/CHANGES TO OFFIC	ENS AND	Change	Addition
NAME	KELLEY,	MARVIN		-		NAME						
STREET ADDRESS				1.			1.3 STREET ADDRESS					
CITY-ST-ZIP	BRANDO				1.4 (CITY-S	T-ZIP					
TITLE	VP			DELETE	2.17	TITLE					Change	Addition
NAME	KELLEY,	JAMES JR.			2.21	NAME						
STREET ADDRESS		SON BLVD.			2.3 3	STREET	ADDRESS					
CITY-ST-ZIP	LAKELAN	ID FL			2.4	CITY-S	ST-ZiP					
TITLE				DELETE		TITLE					L Change	Addition
NAME						NAME						
STREET ADDRESS	İ						ADDRESS					
CITY-ST-ZIP				DELETE		CITY-S TITLE	ST-ZIP			<u>-</u>	Change	Addition
TITLE NAME						NAME					L1 Change	L Audillori
							ADDRESS					
STREET ADDRESS CITY-ST-ZIP						CITY-SI						-
TITLE				DELETE		IIILE	1-211				Change	Addition
NAME						NAME					v	
STREET ADDRESS							ADDRESS					ľ
CITY-ST-ZIP						CITY-S1	l l					
TITLE				DELETE	_	ITLE					Change	Addition
NAME					6.21	NAME						
STREET ADDRESS					6.3 9	STREET	ADDRESS					
CITY-ST-ZIP					640	DITY-ST	T-ZIP					
14 I hereby o	certify that the	information supplier	with this filin	a does not qualify f	or the ex	amnt	tion stated in	in Sect	tion 119 07(3\(i) Florida Statutes Li	hirther cer	tifu that the	information T

lemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an the receiver or thete empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an article my lith an address.