FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H99742** **(9)**

1. Corporation Name

KITCHENS BY WILLIAM CHARLES, INC.

Principal Place of Business

% WILLIAM W. CALDWELL
744 BEACHLAND BLVD.
VERO BEACH FL 32963-1745

Mailing Address

% WILLIAM W. CALDWELL
744 BEACHLAND BLVD.
VERO BEACH FL 32963-1745

3. Date Incorporated or Qualified: **02/17/1986**
3a. Date of Last Report: **05/11/1995**

4. FEI Number: **59-2648130** ☐ 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

2. Principal Place of Business
21 c/o William W. Caldwell
Suite, Apt. #, etc.
22 756 Beachland Blvd.
City & State
23 Vero Beach, FL
Zip 24 32963 Country 25 US

2a. Mailing Address
26 c/o William W. Caldwell
Suite, Apt. #, etc.
27 P.O. Box 3686
City & State
28 Vero Beach, FL
Zip 29 32964 Country 30 US

9. Name and Address of Current Registered Agent

CALDWELL, WILLIAM W.
756 BEACHLAND BLVD
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name: William W. Caldwell
82 Street Address (P.O. Box Number is Not Acceptable): 756 Beachland Blvd.
83
84 City: Vero Beach, FL 85 Zip Code: 32963

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	STODDARD, ROBERT W.	
STREET ADDRESS	~~89 ROYAL PALM BLVD~~ 5075 N. A1A	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	☐ DELETE
NAME	STODDARD, PATRICIA M.	
STREET ADDRESS	~~89 ROYAL PALM BLVD~~ 5075 N. A1A	
CITY-ST-ZIP	VERO BEACH 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

11 TITLE		☐ Change ☐ Addition
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 (we) 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 report or supplemental 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.

SIGNATURE: _____ 3/27/96 407-231-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)