

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JAN 23 AM 10: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L37594** (3)

1. Corporation Name

ANTIQUE & MODERN CABINETS, INC.

Principal Place of Business

Mailing Address

1013 EAST ADAMS STREET
JACKSONVILLE FL 32202

1013 EAST ADAMS STREET
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/20/1989** 3a. Date of Last Report **01/19/1994**

4. FEI Number **59-2979766** 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

2a. Mailing Address

21 **2384 Vans Avenue**

26 **same**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Jacksonville FL

29 Zip

30 Country

24 Zip **32207**

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATTERSON, WILLIAM P.
1013 EAST ADAMS STREET
JACKSONVILLE FL 32202

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2384 Vans Avenue

83

84 City **Jacksonville**

85 FL

86 Zip Code **32207**

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, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **PATTERSON, WILLIAM P.**
STREET ADDRESS **1013 EAST ADAMS STREET**
CITY - ST - ZIP **JACKSONVILLE FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

2384 Vans Avenue
Jacksonville, FL 32207

Change Addition

TITLE **DST**
NAME **PATTERSON, CYNTHIA K.**
STREET ADDRESS **1013 EAST ADAMS STREET**
CITY - ST - ZIP **JACKSONVILLE FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

2384 Vans Avenue
Jacksonville, FL 32207

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change Addition

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)(b), Florida Statutes. I further certify that the information disclosed 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 a 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 applicable, or in an equivalent block with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

William P. Patterson

1-16-95

904.393 9055