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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

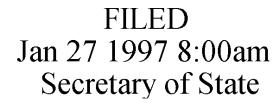
DOCUMENT # P96000054620 (5)

THE CABINET DOCTOR, INC.

Principal Place of Business

Mailing Address

18518 VIOLET RD FT MYERS FL 33912 18518 VIOLET RD FT MYERS FL 33912-6158





			3. Date Incorporated or Qualified 06/24/1996	3a. Date of La	st Report
2. Principal Place of Business	2a. Mailing Address	. 51 1	4. FEI Number	. 🧎 🗀	Applied For
11900 CEISAST		in Street	59-338845		Not Applicable
Suite, Apt. #. etc. 22 # 4-4	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 7	5 Additional e Required
City & State	City & State		6. Election Campaign Financing	\$5.	00 May Be
3 NAPIES, FC	28 10AP18S	<u> </u>	Trust Fund Contribution	☐ Add	ed to Fees
Zip Country	^{Zip} 34109	Country	8. This corporation has liability for		er s. 199.032,
4 34109 25 LLSA	10	10 USA	Florida Statutes 10. Name and Address of New Re	Yes No	
9, Name and Address of Curi	rent Registered Agent	81 Name	10. Name and Address of New Re	Gierared Agent	
GATTENY, DEANN		1 tame	·		
18518 VIOLET RD		82 Street Address (P.O. Box Number is Not Acceptable)			
FT MYERS FL 33912		83	, , , , , , , , , , , , , , , , , , , ,		
		84 City		FL 85	Zip Code
11. Pursuant to the provisions of Sections 607.0	0502 and 607 1508, Florida Statutes	s, the above-named co	orporation submits this statement for the p	ourpose of changing	ng its registered
office or registered agent or both, in the Stagent 1 am, familiar with, and ackept the ob-	ਗe of Florida. Such change was at ∃gations of, Section 607.0505, Flor	itnorized by the corpo ida Statutes.	ration's board of directors. I hereby accep	ot the appointmen	t as registered
SIGNATURE W. M. M. C.			<i>1</i>	117147	
Signature, typical or priored name of registers 4		Registered Agent signature re-		. DATE	
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		
TITLE D	☐ DELETE		?resident	Char	nge 🔲 Addition
NAME BYRER, DANN STREET ADDRESS 4868 21ST PLACE SW		1.2 NAME	DANN BYKER		
MADIED EL DALLO			900 C Elsastreet	# 4	
CHY-ST-ZIP NAPLES PL 34116	DELETE	1.4 CITY - ST - ZIP 2.1 Title	OAPIES, FL 34109	Char	nge Addition
NAME		2.2 NAME		L., Cilai	ilige 🗀 Addition
STREET ADDRESS		2.3 STREET ADDRESS			
C/TY - ST - ZIP	DELETE	2. 4 City - St - ZiP 3.1 Title		☐ Chai	nge Addition
NAME	C Diction	3.2 NAME		<u> </u>	
STREET AUDRESS		3.3 STREET ADDRESS			
C-TY - ST- ZIP		3.4 CITY-ST-ZIP			
TITLE	DELETE	4.1 TITLE		Char	nge Addition
NAME		4. 2 NAME			· –
STREET ADDRESS		4.3 STREET ADDRESS			
City-SI-7IP		4.4 CITY - ST - ZIP			
TITLE	DELETE	5) TITLE		Char	nge Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY - ST - ZIP		5.4 CITY - ST - ZIP			
TITLE	☐ DELETE	61 TITLE		Cha	nge Addition
NAME		62 NAME		. —	
STREET ADDRESS		6.3 STREET ADDRESS			
CPY - S1 - 71°		6 4 CITY-ST-ZIP			
Ultrialize [■ 04 UHT-51-ZIF			

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

X941-592-6299