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

DOCUMENT # P97000049345 (6)

00 000

SPECIALTY CABINETS OF MANATEE COUNTY, INC.

Apr 15 1998 8:00am Secretary of State

FILED

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Frincipal Flace of Busilless		Mailing Address		
1411 18TH AVENUE DRIVE EAST PALMETTO FL 34221		1411 18TH AVENUE DRIVE EAST PALMETTO FL 34221		
removed the two seasons				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				06/02/1997
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
21		26		65-0766265 Not Applicable
Suite, ADI, #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & State	•	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
∠ip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25		30	Personal Property Tax due June 30. X Yes 1 No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
SPRINGS, GERALD				
1411 18TH AVENUE DRIVE EAST			62 Street	Address (P.O. Box Number is Not Acceptable)
PALMETTO FL 34221				
			63	
			84 City	85 Zip Code
			U-A City	FL S Zip code
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				
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 age	ent and little if applicable (NOTE	Registered Agent signature	required when reinstaling} DATE
12.	OFFICERS AND	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	Change Addition
NAME	SPRINGS, GERALD		1.2 NAME	
STREET ADDRESS	5712 23RD STREET WEST		1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34207		1.4 CfTY - ST - ZIP	
TITLE	Ď	DELET E	2.1 TITLE	Change Addition
NAME	SPRINGS, ELIZABETH M		2.2 NAME	
STREET ADDRESS	5712 23RD STREET WEST		2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34207		2. 4 CITY-ST-ZIP	
TITLE	Ď	DELETE	3.1 TITLE	Change Addition
NAME	SPRINGS, THOMAS E		3.2 NAME	
STREET ADDRESS	5712 23RD STREET WEST		3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34207		3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		—	4. 2 NAME	_
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME		 -	5.2 NAME	, <u> </u>
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	_ orange _ Addition
STREET ADDRESS			6.3 STREET ADDRESS	
14 Lhereby c	ertify that the Information supplied wi	ith this filing does not qualify for	the exemption state	od in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated of officer or of	on this annual report or supplementa firector of the corporation or the rece	It annual report is true and accu eiver or trustee empowered to e	rate and that my sig	nature shall have the same legal effect as if made under oath; that I am an 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.				