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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 174134

(7)

FILED May 01 1997 8:00am Secretary of State

1. Corporation Name BUILDERS CABINET SHOP INC Principal Place of Business Mailing Address 1520 GEORGE JENKINS BLVD. LAKELAND FL 33809 4834 US								
					3. Date Incorporated or Qualified 06/19/1953		te of Last R 19/1996	eport
	Place of Business	2a. Mailing Address			4. FEI Number 59-0693402			pplied For of Applicable
21 Surte, Ap 22	t. #, etc.	Suite, Apt. #. etc.			5. Certificate of Status Desired		\$8.75 /	Additional
City & Sta	ale	City & State	· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing		\$5.00	
23	Country	28 Zip	Countr	. 	Trust Fund Contribution		Added t	
Zip 24	25 Country	29	30	у	8. This corporation has liability for Florida Statutes	intangible]] Yes [, 199.032,
	9. Name and Address of Curre				10. Name and Address of New Re			
713	HNSON, CHARLIE T. 3 MCCRANIE RD. KELAND FL 33805		81 82 83	Street Add	ress (P.O. Box Number is Not Acceptat	ble)		Code
11. Pursuan off-ce or	it to the provisions of Sections 607.05 r registered agent, or both, in the Sta	502 and 607.1508, Florida Statu te of Florida, Such change was	tes, the abov	/e-named corr	poration submits this statement for the t	purpose or	changing it	is registered
SIGNATURE	Signature: typed or printed name of registered a	agen; and little if applicable (NO	TE Registered Ag		poration submits this statement for the stion's board of directors. I hereby accelered when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	agent and little if applicable (NO ND DIRECTORS	TE Registered Ag			DATE	DIRECTOR	RS IN 12
SIGNATURE	Signature: typed or printed name of registered a	agen; and little if applicable (NO	TE Registered Ag	gent signature requi	red when reinstating)	DATE		
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of negligibred a OFFICERS A PTD JOHNSON, CHARLIE T 713 MCCRANIE RD.	agent and little if applicable (NO ND DIRECTORS	13. 1.1 TITLE	gent signature requi	red when reinstating)	DATE	DIRECTOR	RS IN 12
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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, gron an attachment with an address.

CICHATURE! 615.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Johnson

4-23-9

858-/6

Phone #