FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 372534

(8)

MANATEE CABINETS, INC.

Principal Place of Business Mailing Address						ELEAL BIRDI BA	ON BURN BURN D	THE HOLD
8700 CORTEZ ROAD WEST BRADENTON FL 34210		8700 CORTEZ ROAD WEST BRADENTON FL 34210-2203						
					3. Date Incorporated or Qualified 11/10/1970		te of Last R	eport
<u>'</u>	lace of Business	2a. Mailing Address			4. FEI Number 59-1315841			oplied For ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.				\mathbf{A}	\$8.75	
22		27			5. Certificate of Status Desired	<u> </u>	Fee Re	
City & State	e	City & State			6. Election Campaign Financing		\$5.00	
23 Zip	Country	28	Cou	atry	Trust Fund Contribution	<u> </u>	Added t	
24	25	29	30	ni y	This corporation has liability for Florida Statutes	intangible Yes		. 199.032,
	g. Name and Address of Current				10. Name and Address of New R			
MAN	NING, JAN A.			81 Name				
	7 KINGFISHER RD E		}	82 Street Add	iress (P.O. Box Number is Not Accepta	ble)		
Brai	DENTON FL 34209							
				83				
				B4 City			85 Zip (Code
11 Pureupol	to the provisions of Santone 607.0503	2 and 607 1508. Florida Statut	or the at	ove-pamed cov	poration submits this statement for the	FL DUEDOSE OF	chenging it	le registered
office or r	registered agent, or both, in the State	of Florida, Such change was a	authorized	by the corpora	ition's board of directors. I hereby acce	pt the app	ointment as	registered
	im familiar with, and accept the obliga	irons of, Section 607.0505, Fig	orioa Stati	utes.				İ
SIGNATURE	Signature, typed or professionne of registronic agen	a and title if applicable (NOT)	E: Registered	Agent signature requ	ired when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	IS IN 12
TITLE	PD	☐ DELETE	1.1 101	LE			Change	Addition
NAME	MANNING,JAN A		1.2 NA	ME				
STREET ADDRESS	10007 KINGFISHER RD. E.		13 ST	reet address		21.4	_ a	
CITY - ST - ZIP	BRADENTON FL			Y-ST-ZIP		SPU	09 Change OB	4 (100
TITLE	VTS	DELETE	2.1 111				Grange	Addition
NAME	HYDE, MARK L. 2410 RIVERSIDE DR E		2.2 NA	l l				
STREET ADDRESS	BRADENTON, FL 00000			REET ADDRESS		341	OB	
CITY-ST-ZIP	BRADENTON, PL 00000	DELETE	2. 4 CI	TY-ST-ZIP			Change	Addition
NAME		La occur	3.2 NA				vgo	
STREET ADORESS			1	reet address				
C(1y-ST-Z)P				TY-ST-ZIP				
TITLE		DELETE	4.1 TIT			****	Change	Addition
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 ST	REET ADORESS				
CITY - ST - 7/P			4.4 CI	Y-ST-ZIP				
TITLE		DELETE	5 1 TIT	LE			☐ Change	Addition
NAMÉ			52 NA	ME				
STREET ADDRESS			5351	reet address				
CITY-ST-7IP				Y - ST - ZIP		<u></u>	T 10:	1 1 100
THLE		DELETE	6.1 111				Change	Addition
NAME			6.2 NA	l l				
STREET ADDRESS				REET ADDRESS				
CITY - ST - ZIP			6.4 CF	TY-ST-ZIP				····

14. To hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated or missionual report or suppliemental 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 dector of they orporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or Block 131t changed, or on an attachment with an address. I am an officer or director of the appears in Block 11 or Block

SIGNATURE:

FILED

Jan 23 1997 8:00am

Secretary of State