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

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 21 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 372534 (8) MANATEE CABINETS, INC. Principal Place of Business Mailing Address 8700 CORTEZ ROAD WEST 8700 CORTEZ ROAD WEST **BRADENTON FL 34210** BRADENTON FL 34210 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/10/1970 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-1315841 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip Country Zìp 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 29 30 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Mame MANNING, JAN A. 10007 KINGFISHER RD E Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34209** 83 Zip Code 85 84 | City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. X Addition DELETE TITLE 1.1 TITLE 12 NAME NAME MANNING, JAN A 10007 KINGFISHER RD. E. 1.3 STREET ADDRESS STREET ADDRESS BRADENTON FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME HYDE, MARK L. NAME 2.3 STREET ADDRESS 2410 RIVERSIDE DR E STREET ADDRESS BRADENTON, FL 00000 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3,3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-\$T-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME

6,3 STREET ADDRESS

TAN A. MANNING

6.4 CITY-ST-ZIP 14. I 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.

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP