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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Worham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 384261 (4)

1. Corporation Name
NAPLES MASTER CRAFT CABINETS, INC.

Principal Place of Business: **353 N AIRPORT RD NAPLES FL 33942 US**

Mailing Address: **27214 JOLLY ROGER LN BONITA SPRINGS FL 33923**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 []
22 Suite, Apt. #, etc. []
23 City & State []
24 Zip [] 25 Country []

2a. Mailing Address
26 []
27 Suite, Apt. #, etc. []
28 City & State []
29 Zip [] 30 Country []

3. Date incorporated or Qualified: **06/22/1971**

3a. Date of Last Report: **02/03/1994**

4. FEI Number: **59-1353303**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**GARLICK, THOMAS B.
800 LAUREL OAK DR., #400
NAPLES FL 33963**

10. Name and Address of New Registered Agent

81 Name []
82 Street Address (P.O. Box Number is Not Acceptable) []
83 []
84 City [] 85 Zip Code **FL** []

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE: **PD**
NAME: **MEIER, CLEMENS J.**
STREET ADDRESS: **515 RIVIERA DRIVE**
CITY - ST - ZIP: **NAPLES FL 33940**

TITLE: **VD**
NAME: **MEIER, PRISCILLA A.**
STREET ADDRESS: **515 RIVIERA DRIVE**
CITY - ST - ZIP: **NAPLES FL 33940**

TITLE: []
NAME: []
STREET ADDRESS: []
CITY - ST - ZIP: []

TITLE: []
NAME: []
STREET ADDRESS: []
CITY - ST - ZIP: []

TITLE: []
NAME: []
STREET ADDRESS: []
CITY - ST - ZIP: []

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME []
1.3 STREET ADDRESS: **27214 JOLLY ROGER LANE**
1.4 CITY - ST - ZIP: **BONITA SPRINGS FL 33923**

2.1 TITLE Change Addition
2.2 NAME []
2.3 STREET ADDRESS: **27214 JOLLY ROGER LANE**
2.4 CITY - ST - ZIP: **BONITA SPRINGS FL 33923**

3.1 TITLE Change Addition
3.2 NAME []
3.3 STREET ADDRESS []
3.4 CITY - ST - ZIP []

4.1 TITLE Change Addition
4.2 NAME []
4.3 STREET ADDRESS []
4.4 CITY - ST - ZIP []

5.1 TITLE Change Addition
5.2 NAME []
5.3 STREET ADDRESS []
5.4 CITY - ST - ZIP []

6.1 TITLE Change Addition
6.2 NAME []
6.3 STREET ADDRESS []
6.4 CITY - ST - ZIP []

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1 (0.07(3)(k), Florida Statute. 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 as an attachment with an address.

SIGNATURE: *[Signature]* 3/20/95 813-693-2998
BIOGRAPHIC AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Please)