FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 404069 (7)

1. Corporation Name
BAKER'S CUSTOM CABINETS AND MILLWORK, INC.

Principal Place of Business	Mailing Address
168 COMMERICAL BLVD NAPLES FL 33942	4001 TAMIAMI TRAIL N SUITE 404 NAPLES FL 33940

3. Date Incorporated or Qualified: 06/29/1972
3a. Date of Last Report: 04/27/1995
4. FEI Number: 59-1407697 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CATALANO, FISHER, GREGORY & SULLIVAN, -
CHARTERED
4001 TAMIAMI TRAIL NORTH, SUITE 404
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: BAKER, ERIC STREET ADDRESS: 56 CENTER ST. CITY-ST-ZIP: NAPLES FL 33963	☐ DELETE	1.1 TITLE: President 1.2 NAME: Eric Baker 1.3 STREET ADDRESS: 56 Center St. 1.4 CITY-ST-ZIP: Naples, FL 33963	☐ Change ☐ Addition
TITLE: VP NAME: BAKER, JOHN R STREET ADDRESS: 1122 22ND AVE. N. CITY-ST-ZIP: NAPLES FL 33940	☒ DELETE	2.1 TITLE 2.2 NAME: NONE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE: ST NAME: BAKER, SUSAN H STREET ADDRESS: 56 CENTER ST. CITY-ST-ZIP: NAPLES FL 33963	☐ DELETE	3.1 TITLE: Sec / Treasurer 3.2 NAME: Susan H. Baker 3.3 STREET ADDRESS: 56 Center St. 3.4 CITY-ST-ZIP: Naples, FL 33963	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 119.07(3)(k), 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.

SIGNATURE: ERIC BAKER 3-22-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)