

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -2 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 426496 (6)

1. Corporation Name
AMERICRAFT CABINETS, INC.

Principal Place of Business

303 TEXAS PARKWAY
CRESTVIEW FL 32536

Mailing Address

303 TEXAS PARKWAY
CRESTVIEW FL 32536

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/22/1973

3a. Date of Last Report

01/28/1994

4. FEI Number

59-1480857

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MADDEN, JOSEPH C
5845 WHITE OAK DRIVE
CRESTVIEW FL 32536

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PDS

NAME

MADDEN, JOSEPH C.

STREET ADDRESS

5845 WHITE OAK DRIVE

CITY-ST-ZIP

CRESTVIEW FL

TITLE

~~VP~~

NAME

~~MADDEN, CECILIA G.~~

STREET ADDRESS

~~5845 WHITE OAK DRIVE~~

CITY-ST-ZIP

~~CRESTVIEW FL~~

TITLE

VP

NAME

COLE, JAMES C.

STREET ADDRESS

412 WOODROW

CITY-ST-ZIP

FT. WALTON BEACH FL

TITLE

~~VP~~

NAME

~~WILLIAM, GRAYLON N.~~

STREET ADDRESS

~~554 RIDGE LAKE RD.~~

CITY-ST-ZIP

~~CRESTVIEW FL~~

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 110.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE:

Joseph C. Madden
JOSEPH C. MADDEN
Signature and typed or printed name of signing officer or director

2-24-95

904 652 0960

(Typed) Phone #