

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 AUG 23 PM 3:45

PROFIT CORPORATION ANNUAL REPORT 991099 AR	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 472465

1. Corporation Name

HILLTOP CABINETS, INC.

Principal Place of Business

Mailing Address

3007 SO. ORANGE BLOSSOM TRAIL P. O. BOX 18074  
APOPKA, FL ORLANDO, FL 32804-3454

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/25/1975

4. FEI Number

59-1634787

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible Personal  
Property Tax.

☒

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P. O. BOX 608074

22 City & State

27 City & State

28 ORLANDO, FL

23 Zip

Country

29 Zip

Country

30 32860-8074

31 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALLACE STALNAKER JR.  
385 SO. HIGHWAY 17-92  
CASSELBERRY, FL 32707

81 Name

DAVID MCBRIDE

82 Street Address (P.O. Box Number is Not Acceptable)

3003 SO. ORANGE BLOSSOM TRAIL

83

84 City

APOPKA

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

DAVID MCBRIDE

8-20-99

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 PRESIDENT/DIRECTOR ☐ DELETE  
NAME DAVID L MCBRIDE  
STREET ADDRESS 3003 SO. ORANGE BLOSSOM TRAIL  
CITY - ST - ZIP APOPKA, FL

1.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition  
1.2 NAME JERRY W. RICHARDS  
1.3 STREET ADDRESS 3003 SO. ORANGE BLOSSOM TRAIL  
1.4 CITY - ST - ZIP APOPKA, FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

DAVID L. MCBRIDE

8-20-99

407-293-5539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #