

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 658986 (5)

1. Corporation Name

CABINET SHOP, INC.



Principal Place of Business

Mailing Address

**2030 HARVARD STREET
SARASOTA FL 34237**

**2030 HARVARD STREET
SARASOTA FL 34237**

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

3. Date Incorporated or Qualified

3a. Date of Last Report

03/05/1980

05/01/1995

4. FEI Number

Applied For

59-1975916

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

10. Name and Address of New Registered Agent

**RIDENOUR, CLOYD EDWARD
2030 HARVARD STREET
SARASOTA FL 33577**

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 on prior 1 line of office printed agent and title (applicable)

(NOTE: Registered Agent signature required when modifying)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	RIDENOUR, CLOYD E.	
STREET ADDRESS	2030 HARVARD STREET	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	☐ DELETE
NAME	KLINEDINST, THOMAS D.	
STREET ADDRESS	2913 GULF OF MEXICO DR.	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	SD	☐ DELETE
NAME	RIDENOUR, KATHRYN D.	
STREET ADDRESS	2030 HARVARD STREET	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	☐ DELETE
NAME	KLINEDINST, SARAH LYNN	
STREET ADDRESS	2913 GULF OF MEXICO DR.	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	V	☐ DELETE
NAME	RIDENOUR, JOSHUA P.	
STREET ADDRESS	406 WOODLAND DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-95 941-366-0428

CR2E034 (3/96)