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 MAY -1 PM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F47267** **(2)**

1. Corporation Name
KARL'S KABINET SHOP, INC.

Principal Place of Business	Mailing Address
% KARL FREDERICK HOOVER 418 CAROLINA AVENUE ST CLOUD FL 34769-1612	% KARL FREDERICK HOOVER 418 CAROLINA AVENUE ST CLOUD FL 34769-1612

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/05/1981
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business	2a. Mailing Address
21 1324 Carolina Ave.	26 1324 Carolina Ave.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: St. Cloud, FL	28 City & State: St. Cloud, FL
24 Zip: 34769 25 Country	29 Zip: 34769 30 Country

4. FEI Number: 59-2167683 ☐ 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

9. Name and Address of Current Registered Agent

HOOVER, KARL FREDERICK
418 CAROLINA AVENUE
ST CLOUD FL 34769-1612

10. Name and Address of New Registered Agent

81 Name: Mary Stephens
82 Street Address (P.O. Box Number is Not Acceptable): 701 Columbia Ave.
83
84 City: St. Cloud FL 85 Zip Code: 34769

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: Mary Stephens Mary Stephens Asst Sec/Treas 4/25/95
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	ST	11 TITLE	XX Change ☐ Addition	
NAME	HOOVER, EVELYN	12 NAME		
STREET ADDRESS	418 CAROLINA AVE	13 STREET ADDRESS	3310 Mauvoo St.	
CITY-ST-ZIP	ST CLOUD FL	14 CITY-ST-ZIP	St. Cloud, FL 34769	
TITLE	AST	21 TITLE	☐ Change ☐ Addition	
NAME	STEPHENS, MARY	22 NAME		
STREET ADDRESS	701 COLUMBIA AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD FL	24 CITY-ST-ZIP		
TITLE	P	31 TITLE	XX Change ☐ Addition	
NAME	HOOVER, KARL	32 NAME	Retired	
STREET ADDRESS	418 CAROLINA AVE	33 STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD FL	34 CITY-ST-ZIP		
TITLE	VP	41 TITLE	President XX Change ☐ Addition	
NAME	STEPHENS, PATRICK	42 NAME		
STREET ADDRESS	701 COLUMBIA AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD FL	44 CITY-ST-ZIP		
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: Evelyn Hoover - Secretary/Treasurer 4/25/95 (407)-892-6825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Evelyn Hoover

0463080 FP