SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

APPROVED
AND
FILED

97 JUL 23 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **F47267** (2)

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

Principal Place of Business	Mailing Address
1324 CAROLINA AVE 418 CAROLINA AVENUE ST CLOUD FL 34769 US	1324 CAROLINA AVE 418 CAROLINA AVENUE ST CLOUD FL 34769 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 10/05/1981
3a. Date of Last Report: 04/29/1996
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STEPHENS, MARY
701 COLUMBIA AVE
ST CLOUD FL 34769

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 742 Michigan Ct., #2
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 Assistant Secretary/Treasurer — 7/21/97
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOOVER, EVELYN		1.2 NAME		
STREET ADDRESS	3310 NAUVOO ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD FL		1.4 CITY-ST-ZIP		
TITLE	AST	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	STEPHENS, MARY		2.2 NAME		
STREET ADDRESS	701 COLUMBIA AVE.		2.3 STREET ADDRESS	742 Michigan Ct., #2	
CITY-ST-ZIP	ST CLOUD FL		2.4 CITY-ST-ZIP	St. Cloud, FL 34769	
TITLE	P	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	STEPHENS, PATRICK		3.2 NAME		
STREET ADDRESS	701 COLUMBIA AVE.		3.3 STREET ADDRESS	742 Michigan Ct., #2	
CITY-ST-ZIP	ST CLOUD FL		3.4 CITY-ST-ZIP	St. Cloud, FL 34769	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	600002250986-140	
NAME			5.2 NAME	-07/23/97--01060--008	
STREET ADDRESS			5.3 STREET ADDRESS	****165.00 ****165.00	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: [signature] — 7/21/97

CR2E034 (4/97)