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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1999

DOCUMENT # F47494

1. Corporation Name

CANNADY CABINETS CORP.

Principal Place of Business

RT. 1, BOX 536
MAIN STREET
ANTHONY FL 32617

Mailing Address

RT. 1, BOX 536
MAIN STREET
ANTHONY FL 32617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1981

4. FEI Number

59-2136784

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 9261 NE 21 QUE

Suite, Apt. #, etc.

22 ANTHONY

City & State

23 FLA.

Zip

24 32617

Country

25 MARION

2a. Mailing Address

26 9261 NE 21 QUE

Suite, Apt. #, etc.

27 ANTHONY FLA.

City & State

28 ANTHONY FLA. MARION

Zip

29 32617

Country

30 MARION

9. Name and Address of Current Registered Agent

BARNES, HELEN
3790 NE 27TH COURT
OCALA FL 34479

10. Name and Address of New Registered Agent

81 Name

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

83 709 SE 52ND AVE

84 City Ocala

FL

85 Zip Code

34479

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE

NAME CANNADY, CHARLES E

STREET ADDRESS RT 1 BOX 536

CITY-ST-ZIP ANTHONY, FL 00000

TITLE PD ☐ DELETE

NAME CANNADY, LINDA J

STREET ADDRESS RT 1 BOX 536

CITY-ST-ZIP ANTHONY, FL 00000

TITLE VTD ☐ DELETE

NAME DOVE, JULIE

STREET ADDRESS 17049 NE 37TH AVENUE

CITY-ST-ZIP CITRA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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 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: X *Charles E Cannady*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)