2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 17, 2002 8:00 am Secretary of State DOCUMENT # F47494 1. Entity Name 04-17-2002 90089 015 ***150 00 CANNADY CABINETS CORP. Principal Place of Business Mailing Address 9261 NE 21 AVE. 9261 NE 21 AVE ANTHONY: ANTHONY ANTHONY FL: 32617 ANTHONY FL 32617 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2136784 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARNES, HELEN Street Address (P.O. Box Number is Not Acceptable) 3323 NW14TH ST -69 OCALA FL 34470 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete Change ☐ Addition CANNADY: CHARLES E NAME RT 1 BOX 536 STREET ADDRESS STREET ADDRESS ANTHONY FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete PD TITLE Change | ☐ Addition NAME CANNADY, LINDA J NAME STREET ADDRESS RT 1 BOX 536 STREET ADDRESS CITY-ST-ZIP ANTHONY FL _CITY-ST-ZIP_ TITLE Delete TITLE Change ☐ Addition NAME DOVE, JULIE NAME STREET ADDRESS STREET ADDRESS 17049 NE 37TH AVENUE CITY-ST-ZIP CITY-ST-7IP CITRA FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 polythe 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #