

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F58749** (5)

1. Corporation Name:

**MARK II CABINETS, INC.**

Principal Place of Business

**3005-21ST ST CT E  
PALMETTO FL 34221**

Mailing Address

**3005-21ST ST CT E  
PALMETTO FL 34221**



3. Date Incorporated or Qualified  
**12/16/1981**

3a. Date of Last Report  
**03/30/1995**

4. FEI Number

**59-2164897**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALLACE, DOUGLAS A  
STE 41, 920 MANATEE AVE W  
BRADENTON FL 33505**

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 for previous name of registered agent and the filing number

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME: **VSD  
GARRISON, FRANK**  
STREET ADDRESS: **2717 WELLON RANCH ROAD**  
CITY-STATE-ZIP: **ELLENTON, FL 00000**

12 NAME: **GARRISON, FRANK**  
13 STREET ADDRESS: **2715 42nd Street East**  
14 CITY-STATE-ZIP: **Palmetto, Florida 34221**

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME: **PTD  
HILL, JIM**  
STREET ADDRESS: **5319 3RD AVE. WEST**  
CITY-STATE-ZIP: **PALMETTO, FL 00000**

22 NAME: **PTD  
HILL, JIM**  
23 STREET ADDRESS: **2031 49th Street East**  
24 CITY-STATE-ZIP: **Palmetto, Florida 34221**

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME: ☐ DELETE

32 NAME: ☐ Change ☐ Addition

STREET ADDRESS: ☐ DELETE

33 STREET ADDRESS: ☐ Change ☐ Addition

CITY-STATE-ZIP: ☐ DELETE

34 CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME: ☐ DELETE

42 NAME: ☐ Change ☐ Addition

STREET ADDRESS: ☐ DELETE

43 STREET ADDRESS: ☐ Change ☐ Addition

CITY-STATE-ZIP: ☐ DELETE

44 CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME: ☐ DELETE

52 NAME: ☐ Change ☐ Addition

STREET ADDRESS: ☐ DELETE

53 STREET ADDRESS: ☐ Change ☐ Addition

CITY-STATE-ZIP: ☐ DELETE

54 CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME: ☐ DELETE

62 NAME: ☐ Change ☐ Addition

STREET ADDRESS: ☐ DELETE

63 STREET ADDRESS: ☐ Change ☐ Addition

CITY-STATE-ZIP: ☐ DELETE

64 CITY-STATE-ZIP: ☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*James Hill*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James Hill**

**2/19/96**

**(941) 729-3326**

Date

Daytime Phone #

CR2E034 (12/95)