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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS 1996

(9)

F93449 DOCUMENT #
1. Corporation Name

H & R CABINETS INC.

Principal Place of Business

SIGNATURE

CITY-ST-ZIP

Mailing Address

410 LEONARD BLVD



LEHIGH ACRES FL 33971 US			LEHIGH ACRES FL 33971 US			3	3. Date incorporated or Qualified 08/01/1982		3a. Date of Last Report 05/01/1995			
2.	E. Philopal Place of Dualicas			2a. Maling Address  26 State: Apt. #, etc.			4	59-2198109	Applied For Not Applicable  \$8.75 Additional Fee Required			
Suite, Apt. #, etc.										5. Certificate of Status Desired		
2	City & State		City & State				Election Campaign Financing     Trust Fund Contribution			\$5.00 May Be Added to Fees		
23	Ζīp	Country			Country 30		8	<ol> <li>This corporation has liability for intangible tax under s 199.032.</li> <li>Florida Statutes Yes ☐ No</li> </ol>				
9. Name and Address of Current Registered Agent						-Ţ	10. Name and Address of New Registered Agent					
ULRICH, DENNIS H						81 82	81 Name					
618 JACKSON AVE LEHIGH ACRES FL 33936												
						84	City			F	85 Zip Code	
1		sions of Sections 607 or both, in the State of cept the obligations of,				bove r e carp	named cor oration's b	poration poard of	i submits this statement for the p directors. Thereby accept the ap	urpose of i pointment	as registered agent. I am	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Addition Change DELETE 1.1705.6 THILE ULRICH, HAROLD 1.2 NAME NAME 114 GREENWOOD AVE 13 STREET ADDRESS STREET ADDRESS LEHIGH ACRES FL 1.4 CITY - ST | ZIP CITY - ST - ZIP ☐ Addition ☐ Change DELETE 2.11035 TILLE ULRICH, RICH NAME 114 GREENWOOD AVE 2.3 STREET ADDRESS STREET ADDRESS LEHIGH ACRES FL 2.4 City S1-7P CITY ST-ZIP ☐ Addition Change DELETE 3 1 Hill TITLE ULRICH, DENNIS NAME 618 JACKSON AVE 3.3 STREET ADDR: 55 STREET ADDRESS LEHIGH ACRES FL 3.4 Call 1 - ST - ZJF

4 1 10ft.E

TITLE ULRICH, JEFFREY 4.2 NAME NAME 501 COOLIDGE 4.3 STREET ADDRESS STREET ADDRESS LEHIGH ACRES FL 4.4 City - St - 7th CITY ST-ZIP DELETE 5 1 TITLE TITLE 52 N4M6 NAME 5.3 STREET ADDRESS

STREET ADDRESS 54 CITY ST-ZIE CITY - ST - ZIP DELETE 6 1 T-TLE TIFLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I do hereby certify that the information supplied with this fling 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 office or director of the corporation or the receiver or trustee enspowered 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. €401Y S1-ZP

SIGNATURE:

WAME OF SIGNING OFFICER OR DIRECTOR

DELFTE

944-365-6324

CR2E034 (12/95)

Addition

☐ Addition

Addition

Change

☐ Change