FILED Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90081 016 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93449

H & R CABINETS INC.

										11 11 11 11 11 11		111 B 1611 8	{ 8 () 0 (8 ()	GIBII BIĞII IBBI
Principal Place	of Business	Mailing Address 410 LEONARD BLVD						.,						
410 LEONARD E	BLVD													
LEHIGH ACRES	FL 33971	LEHIGH ACRES FL 33971						no	NOT W	DITE IN T	uie ep	ACE		
US		US					3	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed						
							3.			Godine				
<u> </u>	/ Dusing	2a. Mailing Address					08/01/1982 4. FEI Number Applied For							
 -	ace of Business	⊢ •						59-2198109					⊢	ot Applicable
21	4 -1-	Suite, Apt. #, etc.					J3 2 13	ט ועס			9		Additional	
Suite, Apt.	#, etc.	27					5.	Certifcate	of Status I	Desired		•		equired
City & State			City & State				6. Election Campaign Financing 5.00 May Be							
23		28					Trust Fund Contribution Added to Fees							
Zip	Country	Zip		Col	untry		8		oration owe		arrent vear	r Intangi	ible	
24	25	29		30	•		0.		Property Ta				Yes	□No .
24	9. Name and Address of Curre		d Agent	100	T		10.		d Address		v Register	red Age	nt	
	V. 172110 4110 1121		·· .		81	Name								
ulrich, den n is h			100 00000				discon (D.O. Day Mumbay in Net Appartuit)							
618	JACKSON AVE				82	Street A	t Address (P.O. Box Number is Not Acceptable)							
LEHI	GH ACRES FL 33972				83									
					L									
					84	City						=1 ⁸	5 Zip	Code
44 5	to the provisions of Sections 607.05	02 and 607 19	508 Florida State	ites the	above	-named o	comoratio	n submits	this stateme	ent for t	he purpose	e of cha	naina it	s registered
office or re	egistered agent, or both, in the Stati	e of Florida. S	uch change was	authorize	d by	the corpo	ration's bo	oard of dire	ectors. I he	eby ac	cept the ar	pointm	ent as r	egistered
agent. I a	m familiar with, and accept the oblig	ations of, Sec	tion 607.0505, F	ionda Sta	tutes	•								
SIGNATURE			- NOT	C: Dosistero	d Agar	d eignature re	equired when r	minstating\			DATE	:		
12.	Signature, typed or printed name of registered ag	ND DIRECTO		13.		it aignature re			S/CHANGE	S TO			IRECT	ORS IN 12
TITLE	P	☐ DELETE			1,1 TITLE						-] Change	☐ Addition
	ULRICH, HAROLD				1.2 NAME									
NAME	114 GREENWOOD AVE					ADDRESS								
STREET ADDRESS	LEHIGH ACRES FL				TY-S	i								
CITY-ST-ZIP	S		☐ DELETE		ITLE	1.71						Г	Change	☐ Addition
TITLE					IAME			,						_
NAME	ULRICH, RUTH					r address								
STREET ADDRESS	114 GREENWOOD AVE					- 1								
CITY-ST-ZIP	LEHIGH ACRES FL		☐ DELETE		CITY-S	51-215							Change	Addition
TITLE	V DENING	-		1	3.2 NAME							_		
NAME	ULRICH, DENNIS				3.3 STREET ADDRESS									
STREET ADDRESS	618 JACKSON AVE			1										
CITY-ST-ZIP	LEHIGH ACRES FL		☐ DELETE		CITY-S TILE	ST-ZIP			-				Change	Addition
TITLE	T		☐ DELETE	•									, •	—
NAME	ULRICH, JEFFREY				NAME			0 1	1 1110	n/	A.15			
STREET ADDRESS	114 GREENWOOD AVE					f address	~ (ファイン	LINC	UUK EE	K. 2	33	936	
CITY-ST-ZIP	LEHIGH ACRES FL		□ c=: ===		ITY-S	T-ZIP	7,6	- 4 10 h	ACR	(C)	, FL		Change	
TITLE			☐ DELETE		ITLE VAME	j							1 August	
NAME						T 4DDD5500								
STREET ADDRESS						TADDRESS								
CITY-ST-ZIP					CITY-S	T-ZIP						 =	Chance	Addition
TITLE			☐ DELETE		ITILE							L] Change	Addition
NAME				6.21	NAME									

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Dennish. Ulrich

1-14-98

941-369-6324