

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 # F95000005572 (1)

1. Corporation Name

TRU-WOOD CABINETS, INC.

FILED  
Feb 19, 1996 08:00 AM  
Secretary of State



Principal Place of Business

219 HICKMAN DR  
SANFORD FL 32771

Mailing Address

219 HICKMAN DR  
SANFORD FL 32771

3. Date Incorporated or Qualified  
11/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 LONGWOOD 1200 CHARLES ST.

26 1200 CHARLES ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 UNIT 100

27 UNIT 100

City & State

City & State

23 LONGWOOD FL

28 LONGWOOD FL

Zip Country

Zip Country

24 32750

25

29 32750

30

4. FEI Number  
63-1033108

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHARPE, BUDDY W  
219 HICKMAN DR  
SANFORD FL 32771

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

Buddy W. Sharpe VP

Buddy W. Sharpe VP

2-8-96

Signature, typed or printed name of registered agent and board applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCV ☐ DELETE

NAME SHARPE, BUDDY W  
STREET ADDRESS 108 FOREST POINT LN  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE DP ☐ DELETE

NAME RUSH, DAVID  
STREET ADDRESS RT 1 BOX 216  
CITY-ST-ZIP CRAGFORD AL 36255

TITLE S ☐ DELETE

NAME COTNEY, MARY  
STREET ADDRESS RT 2 680 L.V. RD  
CITY-ST-ZIP WADLEY AL 36276

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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☐ 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:

Buddy W. Sharpe VP

2-8-96

331-1858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)