

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

FILED  
Sep 01 1998 8:00am  
Secretary of State

DOCUMENT # **H26969** (6)

1. Corporation Name  
**STYLECRAFT KITCHENS, INC.**



Principal Place of Business

**924 E 124 AVENUE  
TAMPA FL 33612**

Mailing Address

**924 E 124 AVENUE  
TAMPA FL 33612**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/24/1984**

4. FEI Number

**59-2468170**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

9. Name and Address of Current Registered Agent

**EDWARDS, JOSEPH D., ESQ.  
% ANNIS, MITCHELL, COCKEY, EDWARDS & ROEHN  
ONE TAMPA CITY CENTER, STE. 2100  
TAMPA FL 33602**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

10. Name and Address of New Registered Agent

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☐ DELETE  
NAME **SCHOCH, DONALD R.**  
STREET ADDRESS **515 W. 129TH AVE.**  
CITY-ST-ZIP **TAMPA FL**

TITLE **PSD** ☐ DELETE  
NAME **SCHOCH, CATHERINE L.**  
STREET ADDRESS **8251 BRENT ST UNIT 913**  
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **V** ☐ DELETE  
NAME **SCHOCH, BRENT J.**  
STREET ADDRESS **4608 MITCHELL RD**  
CITY-ST-ZIP **LAND O LAKES FL**

TITLE **V** ☐ DELETE  
NAME **SCHOCH, MICHAEL E.**  
STREET ADDRESS **12321 KELLY LANE**  
CITY-ST-ZIP **THONOTOSASSA FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

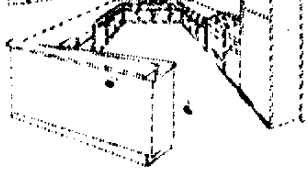
SIGNATURE

*[Signature]*

*8/5/98*

CR2E034 (5/98)

**STYLECRAFT KITCHENS, INC.**



971-6101

924 E. 124th AVE.  
TAMPA, FLORIDA 33612

(2)

8-18-98

Dept. of State

In reference to Annual Corp.  
Report.

This is the 2<sup>nd</sup> year we have  
not received our 1<sup>st</sup> report. I have  
called and talk to an individual  
in your office and told him I  
will make sure I will call in  
Jan of 99 if we do not receive  
our 99 Corp report in the mail.  
(1<sup>st</sup> Notice report.)

Cordially

Denise A. Rooney  
Finance Mgr.