PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H40855

CHEATIV	E CADINETS OF CHESTVIEN	v, 1140.					
		Martin and Address of				il Olbic Ciril Diolf Di	
Principal Place of Business Mailing Address							
, % David Fountain 420 James Lee Blyd.e Crestview Fl. 32536		% DAVID FOUNTAIN 420 JAMES LEE BLVD.E CRESTVIEW FL 32536		DO NOT WRITE IN TH	IIS SPACE		
CHESTAIEM LE 25200					3. Date Incorporated or Qualifed		
					02/04/1985		İ
Principal Place of Business Address Mailing Address					4. FEI Number	Apr	plied For
21 26					59-2495834		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u> </u>			\$8.75 A	
22		<u>.</u>		5. Certificate of Status Desired	Fee Red		
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution	Added to	
Zip	Country Zip Cou				8. This corporation owes the current year	Intangible	
24	25 29 30				Personal Property Tax.	⊠ Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	ad Agent	
			81	Name			
FOUNTAIN, DAVID			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
420 JAMES LEE BLVD.E			02	Sileet Audi	1000 (1 to box Hullipor to Hot Accopation)		
CRESTVIEW FL 32536							
			104	O'A		. 85 Zip C	-bo'
,	-		84	City	F	L 3 2 5	,000
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	DALL DavidFamlain -	Project			ad when reinstating) DATE	77	—— Ì
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	n signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	P	DELETE	1.1 TITLE			☐ Change	Addition
NAME	FOUNTAIN, DAVID	·	1.2 NAME				
STREET ADDRESS	420 JAMES LEE BLVD E			T ADDRESS			
\	ODEOD JENI EI		1.4 CITY-S	1			}
CITY-ST-ZIP			2,1 TITLE	1-217		☐ Change	☐ Addition
NAME			2.2 NAME				
			2.3 STREET	TANNESS			
STREET ADDRESS	1.00		2.4 CITY-S				}
CITY-ST-ZIP			3.1 TITLE	~		☐ Change	☐ Addition
NAME	_		3.2 NAME		·		
STREET ADDRESS				TADDRESS			ļ
			3.4. CITY-S				
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE)1-ZIF		☐ Change	☐ Addition
NAME		_	4.2 NAME	ļ			
				TADORESS			
STREET ADDRESS			4.4 CITY-S	1			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	1-21		☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS				TADDRESS			1
			5.4 CITY-S	1			
CITY-ST-ZIP TITLE	51-24		6.1 TITLE			☐ Change	☐ Addition
NAME		<u> </u>	6.2 NAME			_	_
STREET ADDRESS				TADDRESS			
O LINE LINE DE LEGG	1						

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, with all other like empowered.

President

6.4 CITY-ST-ZIP

SIGNATURE:

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90057 025 ***150.00