

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H51082 (6)

1. Corporation Name

BENN'S CABINETS, INC.

Principal Place of Business

Mailing Address

11350 METRO PKWY UNIT 101
P.O. BOX 161313
FORT MYERS FL 33912-1212

11350 METRO PKWY UNIT 101
P.O. BOX 161313
FORT MYERS FL 33912-1212



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
04/08/1985	06/23/1995
4. FEI Number	Applied For
59-2508786	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WIGGINTON, JAY E
501 NW 26TH ST
CAPE CORAL 33909

10. Name and Address of New Registered Agent

81 Name Belcher, W. Gus II
82 Street Address (P.O. Box Number is Not Acceptable)
83 PO Nuckolls, Johnson & Belcher PA
1375 Jackson Street Suite 303
84 City Ft. Myers FL 85 Zip Code 33901

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. I, both, the Secretary of 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 *W. Gus Belcher II*

8-6-96

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	WIGGINTON, JAY
STREET ADDRESS	501 NW 26 ST.
CITY-ST-ZIP	CAPE CORAL FL
TITLE	ST
NAME	WIGGINTON, DEBRA
STREET ADDRESS	501 NW 26 ST
CITY-ST-ZIP	CAPE CORAL FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PD
12 NAME	Bobby Grimes
13 STREET ADDRESS	12581 Equestrian CR #1007
14 CITY-ST-ZIP	Ft. Myers, FL
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bobby Grimes* - Bobby Grimes 8-6-96 (941) 275-7877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)