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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

Mailing Address

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

3. Date Incorporated or Qualified

04/08/1985

3a. Date of Last Report

08/14/1996

4. FEI Number

59-2508786

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

2. Principal Place of Business

21 11350 Metro Pkwy #101

2a. Mailing Address

26 11350 Metro Pkwy #101

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Ft. Myers, FL

City & State

28 Ft. Myers, FL

Zip

Country

24 33912-1212 25 U.S.A.

Zip

Country

29 33912-1212 30 U.S.A.

9. Name and Address of Current Registered Agent

BELCHER, W. GUS II
1375 JACKSON STREET
SUITE 303
33901 MYERS FL 33909

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 PD
NAME GRIMES, BOBBY
STREET ADDRESS 12581 EQUESTRAIN CIRCLE #1007
CITY - ST - ZIP FORT MYERS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~Martha Lee Grimes~~
1.2 NAME Martha Lee Grimes
1.3 STREET ADDRESS 12581 Equestrian Circle #1007
1.4 CITY - ST - ZIP Fort Myers FL

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I do 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: Bobby Grimes / Bobby Grimes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-97 (941) 275-7877
Date Daytime Phone #

CR2E034 (9/96)