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 # **H90508** **(3)**

1. Corporation Name

C & M CABINETS INC.

Principal Place of Business
% LEONARD G. TOMPKINS
400 SOUTH ROAD, SUITE 4
FORT MYERS FL 33907-2433

Mailing Address
% LEONARD G. TOMPKINS
400 SOUTH ROAD, SUITE 4
FORT MYERS FL 33907-2433

3. Date Incorporated or Qualified: **12/17/1985**
3a. Date of Last Report: **09/25/1995**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt #, etc (22) / Suite, Apt #, etc (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: **59-2612958** — 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

TOMPKINS, LEONARD G.
400 SOUTH ROAD
SUITE 4
FORT MYERS FL

10. Name and Address of New Registered Agent

81 Name: APRIL PERRY
82 Street Address (P.O. Box Number is Not Acceptable): 2326 CLIFFORD ST.
83
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, 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: April Perry
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when resigning) DATE:

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	TOMPKINS, LEONARD G.	
STREET ADDRESS	19236 CEDAR CREST CT. NW	
CITY-ST-ZIP	N. FT. MYERS FL 33903	
TITLE	STD	☐ DELETE
NAME	TOMPKINS, KATHLEEN M.	
STREET ADDRESS	19236 CEDAR CREST CT. NW	
CITY-ST-ZIP	N. FT. MYERS FL 33903	
TITLE	V	☒ DELETE
NAME	PERRY, APRIL T.	
STREET ADDRESS	2326 CLIFFORD STREET	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	OM	☒ DELETE
NAME	TOMPKINS, GERALD	
STREET ADDRESS	1210 SE 26TH ST	
CITY-ST-ZIP	CAPE CORAL 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	PD	☒ Change ☐ Addition
1.2 NAME	APRIL PERRY	
1.3 STREET ADDRESS	2326 CLIFFORD ST.	
1.4 CITY-ST-ZIP	FT. MYERS, FL. 33901	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DIRECTOR	☒ Change ☐ Addition
3.2 NAME	LEONARD TOMPKINS	
3.3 STREET ADDRESS	19236 CEDAR CREST CT. NW	
3.4 CITY-ST-ZIP	N. FT. MYERS, FL. 33903	
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME	DECEASED	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	600001878066	
5.3 STREET ADDRESS	-06/27/96--01049--021	
5.4 CITY-ST-ZIP	***233.75	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

6-27-96 JR

CR2E034 (3/96)

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: KATHLEEN M. TOMPKINS Kathleen M. Tompkins 6/6/96 936-2424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #