

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90144 042 \*\*\*158.75

DOCUMENT # J08070

1. Corporation Name  
OCEANSIDE CABINETS, INC.

Principal Place of Business

16 N OLEANDER ST  
PO BOX 518  
FELLSMERE FL 32948  
US

Mailing Address

1595 FARNSWORTH AVE  
VALKARIA FL 32950  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1986

4. FEI Number

59-2662780

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 the current year Intangible  
Personal Property Tax. 1999



Yes No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OWENS, WILLIAM DANA  
1595 FARNSWORTH AVE  
VALKARIA FL 32950

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☐ DELETE  
NAME OWENS, CLAYTON  
STREET ADDRESS 9688 HONEYSUCKLE DR  
CITY-ST-ZIP MICCO FL 32976

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

TITLE D ☐ DELETE  
NAME OWENS, ALICIA  
STREET ADDRESS 9801 PINE ST.  
CITY-ST-ZIP MICCO FL - NOT for MAIL

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

TITLE D ☐ DELETE  
NAME OWENS, KAREN  
STREET ADDRESS 1595 FARNSWORTH AVE.  
CITY-ST-ZIP VALKARIA FL 32950

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

TITLE P ☐ DELETE  
NAME OWENS, WILLIAM VERNON  
STREET ADDRESS 9801 PINE ST.  
CITY-ST-ZIP MICCO FL NOT for MAIL

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

TITLE ST ☐ DELETE  
NAME OWENS, WILLIAM DANA  
STREET ADDRESS 1595 FARNSWORTH AVE.  
CITY-ST-ZIP VALKARIA FL 32950

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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, with all other like empowered.

SIGNATURE: *William Dana Owens* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/99 (561) 571-0736

Date

Daytime Phone #

CR2E034 (11/98)

0120096