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Feb 14 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 # J13707

(1)

1. Corporation Name

LOHER'S CABINET WORKS, INC.



Principal Place of Business

4546 TROUBLE CREEK ROAD  
NEW PT RICHEY FL 34652  
US

Mailing Address

4546 TROUBLE CREEK ROAD  
NEW PT RICHEY FL 34652-4821  
US

3. Date Incorporated or Qualified 05/12/1986	3a. Date of Last Report 02/23/1996
4. FEI Number 59-2673285	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOHER, DONALD W  
4546 TROUBLE CREEK ROAD  
NEW PORT RICHEY FL 34652

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 ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
STD  
LOHER, DONALD W  
6209 FJORD WAY  
NEW PORT RICHEY FL

TITLE ☒ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
LOHER, EDWARD  
7806 RUSTY HOOK COURT  
BAYONET PT FL

TITLE ☒ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVP  
WOOD, WILLIAM L  
4546 TROUBLE CREEK RD  
NEW PORT RICHEY FL

TITLE ☒ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVP  
LOHER, THOMAS  
4546 TROUBLE CREEK RD  
NEW PORT RICHEY FL

TITLE ☒ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
KIERZYNSKI, MICHAEL J  
5143 COMMERCIAL WAY  
SPRING HILL FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
D/P/S/T ☒ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2/10/97 X 813849-5898  
Date Daytime Phone #

CR2E034 (9/96)