PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **J55903**

1. Corporation Name

CABINET CREATIONS OF THE GULF COAST, INC.

ncipal Place of Business	Mailing Address
SHELL AVENUE SOUTHEAST	15 SHELL AVENUE SOUTHEAST
WALTON BEACH FL 32548	FORT WALTON BEACH FL 32548

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

03-22-1999 90145 038 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/03/1987 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2763171 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 Zip Country Zip Country 8. This corporation owes the current year Intangible □ No Personal Property Tax. 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SEXTON, JAMES 82 Street Address (P.O. Box Number is Not Acceptable) 15 SHELL AVENUE SOUTHEAST **FORT WALTON BEACH FL 32548** 83 84 Zip Code City 85

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.

CICHATURE							
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 DIRECTO	RS IN 12		
TITLE	P DELETE	1.1 TITLE		Change	☐ Addition		
NAME	SEXTON, JAMES	1.2 NAME					
STREET ADDRESS	15 SHELL AVENUE	1.3 STREET ADDRESS					
CITY-ST-ZIP	FT WALTON BEACH FL 32548	1.4 CITY-ST-ZIP					
TITLE	\$ □ DELETE	2.1 TITLE		Change	Addition Addition		
NAME	SEXTON, CAROLYN	2.2 NAME					
STREET ADDRESS	15 SHELL AVENUE	2.3 STREET ADDRESS	ما در المحالية المحال				
CITY-ST-ZIP	FT WALTON BEACH FL 32548	2.4 CITY-ST-ZIP					
TITLE	□ DELETE	3.1 TITLE	,	Change	☐ Addition		
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4. CITY-ST-ZIP					
TITLE	DELETE	4.1 TITLE		☐ Change	Addition		
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	DELETE	5.1 TTLE		Change	☐ Addition		
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CTTY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	DELETE	6.1 TITLE		☐ Change	☐ Addition		
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SMENING OFFICER OR DIRECTOR SIGNATURE

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