

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 # J71123 (0)

1. Corporation Name

SONSHINE CABINETS, INC.

Principal Place of Business

18380 C & D PAULSON DR
PORT CHARLOTTE FL 33954

Mailing Address

18380 C & D PAULSON DR
PORT CHARLOTTE FL 33954



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

3. Date Incorporated or Qualified	3a. Date of Last Report
05/04/1987	08/18/1995
4. FEI Number	Applied For Not Applicable
59-2798256	
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 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BUNNELL, JEFFREY A.
17362 IAGO AVE.
PORT CHARLOTTE FL 33954

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.

(NO fee. Registered Agent's signature required when reinstating.)

(DATE)

OFFICERS AND DIRECTORS

☐ DELETE

TITLE	PD
NAME	BUNNELL, JEFFREY A.
STREET ADDRESS	17362 IAGO AVE.
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	SD
NAME	BUNNELL, LAURA T.
STREET ADDRESS	17362 IAGO AVE.
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE	D
12 NAME	Bunnell, Jeffrey A.
13 STREET ADDRESS	17362 Iago Ave.
14 CITY-ST-ZIP	Port Charlotte, FL 33954
21 TITLE	VP/S/T
22 NAME	Darlene Wolff
23 STREET ADDRESS	2123 Hanson Street
24 CITY-ST-ZIP	Port Charlotte, FL 33952-4433
31 TITLE	P/D
32 NAME	Cathie Grossman
33 STREET ADDRESS	24166 Yacht Club Blvd.
34 CITY-ST-ZIP	Punta Gorda, FL 33955
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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: CATHIE GROSSMAN Pres. Cathie Grossman 6/20/96 625-7161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

CR2E034 (3/96)