FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

(7)

2854 48TH WAY E

BALLARD, MELISSA A.

BRADENTON FL

1131 VILAS AVE.

SARASOTA FL

DENNY S DESIGN CABINETS, INC.						
Principal Place of Business Mailing Address		Mailing Address				
1131 VILAS AVE. SARASOTA FL 34237		1131 VILAS AVE. Sarasota FL 34237				
				3. Date Incorporated or Qualified 07/21/1987	3a. Date of Last Repo 05/01/1995	rt
2. Principal Place of Business		2a. Maing Address		4. FEI Number 59-2830162		hed For Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	□ \$5.00 Added to	
Zip 4	Country 25	Zip	Country 30	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		
9 Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
	the provisions of Sections 607.06 d agent, or both, in the State of Fl n, and accept the obligations of, Si		B4 City The above named corporation's boo	ration submits this statement for the pa and of directors. Thereby accept the app	FL 85 Zip C urpose of changing its reg poniment as registered as	istered offic
SIGNATURE	Signature, byceo or proted datilo of reposassia	peraulmentapphare (NOT)	Fragisterial Agricus signal of regar	ond which remarkable to	DATE	
12 OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OF	TO OFFICERS AND DIRECTORS IN 12 Change Addition		
TITLE	D	DELETE	1, 1 TIFLE		□ changs	Austroi
NAME	BALLARD, DILLARD V.		1.2 NAME			
STREET ADDRESS	1131 VILAS AVE.		1.3 STREET ACORESS			
CITY - ST-ZIP	SARASOTA FL		1.4 CiTy - ST ZIP		☐ Change	Addition
TITLE	D	☐ DELETE	2 1 TIFLE		[] Stange	
NAME	Brimer, Robert D.		2.2 NAME			
STREET ADDRESS	2854 48TH WAY E		2 3 STREET ADDRESS			
CITY - S1 - ZIP	BRADENTON FL	Party Control	2.4 CITY - ST - ZIP		[7] Change	Addition
TITLE	D	DETELF	3 1 THTLE		□ onange	
NAME	Brimer, Donald G.		3.2 NAME			

14. If 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 amual 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 thic 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 6.4 CITY - ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

63 STREET ADDRESS

3 4 OTY - ST - ZIP

4 1 TITLE

4.2 NAME

5 1 TITLE

5.2 NAME 53 STREET ADDRESS

6 1 THILE

6.2 NAME

DELETE

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SIGNATURE:

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CITY - ST - ZIP

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CITY - ST - ZIP

TI*LE

TITLE

TITLE

NAME

Dellard V. Ballard SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 (941) 957-2284

Change

☐ Change

Change

CR2E034 (12/95)

☐ Addition

Addition

Addition