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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

DENNY & DESIGN CARINETS INC

	F	ILED	
May	11	1998	8:00am
Sec	cret	ary of	State

DENNT S DESIGN CABINETS	, 1110-						
Principal Place of Business	Mailing Address			- I INDICITA DI RELIBORA BADIO CIDIA RICIA DISCI BISAN DI DICI		J# 01911 01011 1001	
1131 VILAS AVE. SARASOTA FL 34237	283 INTERSTATE CT SARASOTA FL 34240 US			DO NOT WRITE IN THIS	SPACE		
	••			3. Date Incorporated or Qualified 07/21/1987			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 283 Interstate Ct	· 26 Some,			59-2830162		Not Applicable	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>75</b> Additional se Required	
City & State 23 Sarasota FL	City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be Ided to Fees	
Zip Country 24 34240 25 Sarase	· L ' L	ountry		This corporation owes or has paid the cur Personal Property Tax due June 30.	rent yea	ar Intangible No	
g, Name and Address of C	current Registered Agent			10. Name and Address of New Registered	Agent		
NIXON, JAMES M., N		81	Name				
1400 4TH AVE. WEST Bradenton Fl 33505		82		Street Address (P.O. Box Number is Not Acceptable)			
5.0.52.0.000		83					
		84	City	FL	85	Zip Code	
<ol> <li>Pursuant to the provisions of Sections 60 office or registered agent, or both, in the</li> </ol>	7.0502 and 607.1508, Florida Statutes, the State of Florida. Such change was authori	above zed by	named corp	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	chang ointme	ing its registered nt 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 PI		required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OF		
TITLE	<u></u>	DELETE	1.1 TITLE		Change	Addition Addition
NAME	BALLARD, DILLARD V.		1.2 NAME			
STREET ADDRESS	283 INTERSTATE CT		1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE		☐ Change	Addition
NAME	Brimer, Robert D.		2.2 NAME			
STREET ADDRESS	2854 48TH WAY E		2.3 STREET ADDRESS		# 1 1	
CITY-ST-ZIP	BRADENTON FL		2. 4 CITY-ST-ZIP			
TITLE	D	DELETE	3.1 TITLE		☐ Change	Addition
NAME	BRIMER, DONALD G.		3.2 NAME			
STREET ADDRESS	2854 48TH WAY E		3.3 STREET ADORESS	•		
CITY-ST-ZIP	BRADENTON FL		3.4. CITY-ST-ZIP			
TITLE	D	DELETE	4.1 TITLE		☐ Change	☐ Addition
HAME	BALLARD, MELISSA A.		4. 2 NAME			
STREET ADDRESS	283 INTERSTATE CT		4.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS	•		5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
HAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADORESS			

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.

4/30/98

941-377-3583