FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1995 MAY -1 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001492084
-05/17/95 --01150 --003
****200.00 ****200.00

DOCUMENT # K11172 (9)

1. Corporation Name
CLASSIC CABINETS OF NORTHWEST FLORIDA, INC.

Principal Place of Business
% WILLIAM SCOTT FOSTER
909 MAR-WALT DRIVE, SUITE 1014
FORT WALTON BEACH FL 32547-6711

Mailing Address
% WILLIAM SCOTT FOSTER
909 MAR-WALT DRIVE, SUITE 1014
FORT WALTON BEACH FL 32547-6711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1988
3a. Date of Last Report: 11/30/1994

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 59-2865536 — Applied For ☐ Not Applicable ☐

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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FOSTER, WILLIAM SCOTT
909 MAR-WALT DRIVE
SUITE 1014
FORT WALTON BEACH FL 32548

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 (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	EHNER, WILLIAM J.
STREET ADDRESS	15 HURLBURT ROAD
CITY ST ZIP	FT. WALTON BEACH FL
TITLE	D
NAME	EHNER, MARIE L.
STREET ADDRESS	15 HURLBURT ROAD
CITY ST ZIP	FT. WALTON BEACH FL
TITLE	VP
NAME	PEAK, RICHARD A.
STREET ADDRESS	15 HURLBURT ROAD
CITY ST ZIP	FORT WALTON BEACH FL
TITLE	VP
NAME	PEAK, LORRAINE E.
STREET ADDRESS	15 HURLBURT ROAD
CITY ST ZIP	FORT WALTON BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☑ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	220 Gulf Shore Dr #331
14 CITY ST ZIP	Ft. Walton Beach, FL 32547
21 TITLE	☑ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	220 Gulf Shore Dr #331
24 CITY ST ZIP	Ft. Walton Beach, FL 32547
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	2VP
63 STREET ADDRESS	
64 CITY ST ZIP	5-1-95

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lorraine Peak 4/28/95 904 863 1121
SIGNATURE AND TYPED OR PRINTED NAME OF BONHO OFFICER OR DIRECTOR — Date — Daytime Phone #

0300389 CP