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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 11:37

DOCUMENT # K31815 **(9)**

1. Corporation Name

CENTRAL KITCHEN AND BATH, INC.

Principal Place of Business	Mailing Address
1096 W. FAIRBANKS AVE. WINTER PARK FL 32789	~~1096 W. FAIRBANKS AVE.~~ ~~WINTER PARK FL 32789~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/22/1988
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business	2a. Mailing Address
21	26 200 S. Orange Ave.
22 Suite, Apt. #, etc.	27 Suite 2300
23 City & State	28 Orlando, FL
24 Zip / 25 Country	29 32801 / 30 Country

4. FEI Number: 59-2912874 ☐ 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	10. Name and Address of New Registered Agent
A.G.C. CO. 200 SOUTH ORANGE AVENUE 23RD FLOOR ORLANDO FL 32801	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE	C	☒ Change ☐ Addition
NAME	FLANAGAN, ED	1.2 NAME	Flanagan, Ed	
STREET ADDRESS	4944 EASTER CIRCLE	1.3 STREET ADDRESS	620 Heatherton Village	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	P	2.1 TITLE	P	☒ Change ☐ Addition
NAME	JOHNSTON, DONNA	2.2 NAME	Johnston, Donna	
STREET ADDRESS	4944 EASTER CIRCLE	2.3 STREET ADDRESS	620 Heatherton Village	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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 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)(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.

SIGNATURE: Donna Johnston 3/31/95 407/629-9366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Donna Johnston

6044801 CP