


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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90025 007 \*\*\*150.00



|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>  |  |  |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # K31815</b>  |  |   |  |  |  |
| 1. Corporation Name<br><b>CENTRAL KITCHEN AND BATH, INC.</b>  |  |   |  |  |  |
| Principal Place of Business<br><b>1096 W. FAIRBANKS AVE.<br/>WINTER PARK FL 32789</b>   |  |   | Mailing Address<br><b>200 S. ORANGE AVE.<br/>SUITE 2300<br/>ORLANDO FL 32801-3432<br/>US</b> |  |  |
| 2. Principal Place of Business  |  | 2a. Mailing Address   |  | 3. Date Incorporated or Qualified<br><b>08/22/1988</b>   |  |
| 21 Suite, Apt. #, etc.  |  | 26 Suite, Apt. #, etc.  |  | 4. FEI Number<br><b>59-2912874</b>   |  |
| 22 City & State   |  | 27 City & State   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>          |  |
| 23 Zip Country  |  | 28 Zip Country  |  | 6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>               |  |
| 24  |  | 25  |  | 29   |  |
| 30  |  | 31  |  | 32   |  |
| 9. Name and Address of Current Registered Agent<br><b>A.G.C. CO.<br/>200 SOUTH ORANGE AVENUE<br/>23RD FLOOR<br/>ORLANDO FL 32801</b>  |  |   | 10. Name and Address of New Registered Agent   |  |  |
| 81 Name   |  |   | 82 Street Address (P.O. Box Number is Not Acceptable)  |  |  |
| 83  |  |   | 84 City  |  |  |
| 85 Zip Code   |  |   | 86   |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |  |  |  |
| 12. OFFICERS AND DIRECTORS  |  |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |  |
| TITLE <input type="checkbox"/> DELETE   |  |   | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |  |
| NAME <b>CD FLANAGAN, ED</b>   |  |   | 1.2 NAME   |  |  |
| STREET ADDRESS <b>4944 EASTER CIRCEL</b>  |  |   | 1.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP <b>ORLANDO FL 32808</b>   |  |   | 1.4 CITY-ST-ZIP  |  |  |
| TITLE <input type="checkbox"/> DELETE   |  |   | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |  |
| NAME <b>PSTD JOHNSTON, DONNA</b>  |  |   | 2.2 NAME   |  |  |
| STREET ADDRESS <b>1096 W FAIRBANKS AVE</b>  |  |   | 2.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP <b>WINTER PARK FL</b>   |  |   | 2.4 CITY-ST-ZIP  |  |  |
| TITLE <input type="checkbox"/> DELETE   |  |   | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |  |
| NAME <b>VD HORAK, LAUREN</b>  |  |   | 3.2 NAME   |  |  |
| STREET ADDRESS <b>1096 W. FAIRBANKS AVE.</b>  |  |   | 3.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP <b>WINTER PARK FL 32789</b>   |  |   | 3.4 CITY-ST-ZIP  |  |  |
| TITLE <input type="checkbox"/> DELETE   |  |   | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |  |
| NAME  |  |   | 4.2 NAME   |  |  |
| STREET ADDRESS  |  |   | 4.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |  |   | 4.4 CITY-ST-ZIP  |  |  |
| TITLE <input type="checkbox"/> DELETE   |  |   | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |  |
| NAME  |  |   | 5.2 NAME   |  |  |
| STREET ADDRESS  |  |   | 5.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |  |   | 5.4 CITY-ST-ZIP  |  |  |
| TITLE <input type="checkbox"/> DELETE   |  |   | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |  |
| NAME  |  |   | 6.2 NAME   |  |  |
| STREET ADDRESS  |  |   | 6.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |  |   | 6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/99 408299366

Date

Daytime Phone #

CR2E034 (11/98)

0000056