

**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

95 APR -7 AM 6:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K47729** (4)

1. Corporation Name  
**TRI-CITY CABINET CO., INC.**

Principal Place of Business Mailing Address  
**1967 CORPORATE SQUARE SUITE 115 LONGWOOD FL 32750**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/27/1988** 3a. Date of Last Report **04/22/1994**

2. Principal Place of Business 2a. Mailing Address  
**777 Big Tree Drive**

4. FEI Number **59-2926082** Applied For Not Applicable

Suite, Apt. # etc. Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State City & State  
**Longwood, Florida**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country Zip Country  
**32750 USA 32750 USA**

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

**CRANMER, CLARENCE J.  
1967 CORPORATE SQUARE  
SUITE 115  
LONGWOOD FL 32750**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 *Clarence J. Cranmer* **3/31/95**

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	11 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRANMER, CLARENCE J.</b>	12 NAME	<b>Cranmer, Clarence J.</b>
STREET ADDRESS	<b>389 CLERMONT AVE.</b>	13 STREET ADDRESS	<b>389 Clermont Road</b>
CITY, ST, ZIP	<b>LAKE MARY FL</b>	14 CITY, ST, ZIP	<b>Lake Mary, Florida 32746</b>
TITLE		21 TITLE	<b>V/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	<b>Fred J. Cranmer</b>
STREET ADDRESS		23 STREET ADDRESS	<b>328 Sun Oaks Court</b>
CITY, ST, ZIP		24 CITY, ST, ZIP	<b>Lake Mary, Florida 32746</b>
TITLE		31 TITLE	<b>S/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	<b>Dolores J. Cranmer</b>
STREET ADDRESS		33 STREET ADDRESS	<b>389 Clermont Road</b>
CITY, ST, ZIP		34 CITY, ST, ZIP	<b>Lake Mary, Florida 32746</b>
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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 199.032(1)(b), 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. 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 9, 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Clarence J. Cranmer* **3/31/95** **407-339-2400**