

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K70233 (7)**
1. Corporation Name
BREVARD CABINETS, INC.

Principal Place of Business Mailing Address
**4451 ENTERPRISE CT. UNIT S.
MELBOURNE FL 32934**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/03/1989** 3a. Date of Last Report **03/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	4451 ENTERPRISE CT.	26	4451 ENTERPRISE CT.	59-2935693		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
22 UNIT N		27 UNIT N		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23 MELBOURNE, FL		28 MELBOURNE, FL.					
Zip	Country	Zip	Country				
24 32934	25 BREVARD	29 32934	30 BREVARD				

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent				
BUSKIRK, PAUL S. 4451 ENTERPRISE CT UNIT S MELBOURNE FL 32934-6202				81	Name BUSKIRK, PAUL S.			
				82	Street Address (P.O. Box Number is Not Acceptable) 4451 ENTERPRISE CT.			
				83	UNIT N			
				84	City MELBOURNE	85	State FL	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 **BUSKIRK, PAUL S. PRESIDENT** *Paul S. Buskirk* **4/24/95**
(Signature) (Typed or printed name of registered agent and title if applicable) (Date) (Registered Agent Signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSKIRK, PAUL S.	1.2 NAME	
STREET ADDRESS	600 ALTONA STREET NW	1.3 STREET ADDRESS	
CITY, ST, ZIP	PALM BAY FL	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSKIRK, SHANNON R.	2.2 NAME	
STREET ADDRESS	600 ALTONA STREET NW	2.3 STREET ADDRESS	
CITY, ST, ZIP	PALM BAY FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		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		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: *Paul S. Buskirk* **Paul S. Buskirk** **2/8/95 (407) 259-1731**
(Signature) (Typed or printed name of signing officer or director) (Date) (Phone Number)