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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

D & D CUSTOM CABINETS, INC.

FILED May 13 1998 8:00am Secretary of State

|--|

Principal Place of Business Mailing Address						T 188/189/ BIS 1/89/ IEBRI 1880 BINK 88/ BINK 88/1 BINK 8/8/ BINK 8/8/ BIS/ 8/8/		
13389 CHAMBORD ST. BROOKSVILLE FL 34613 US		13369 CHAMBORD ST. BROOKSVILLE FL 34613 US			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified		
		1.4. 11.00				11/06/1989		
_	lace of Business	2a. Mailing Address				4. FEI Number Applied Fo		
21 Cuito Ant	# ato	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·			59-2979353 Not Applic	_	
Suite, Apl. #, etc.		27 Shite, Apr. #, etc.	⊢ ` '			5. Certificate of Status Desired Fee Required	B I	
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be	,	
23		28				Trust Fund Contribution		
Zip	Country	Z ip	Cou	ntry		8. This corporation owes or has paid the current year Intangible		
24	25	29	30	0		Personal Property Tax due June 30.		
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New Registered Agent		
	NEÇAL, ROCHELLE M.			ا'°	name			
	189 CHAMBORD ST. OOKSVILLE FL 34613			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
Div	OONOMEET E OTOTO		l	83				
			Ì	84	City	FL 85 Zip Code		
11 Directed to the provisions of Sections 607 0502 and 607 1508 Florida Statutes the above-named corporation submits this statement for the nurrouse 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		410	TE B. 7.			red when reinstating) DATE	<u> </u>	
12.	Signature, typed or printed name of registered	AND DIRECTORS	13.	Agu	nt signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	,—-	
TITLE	PD	DELETE	1.1 10	ILF		Change Ad		
NAME	SENECAL, DEWEY C. III		1.2 NA			 , -	į	
STREET ADDRESS	13369 CHAMBORD ST.				ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL		1.4 CF					
TITLE	VSD	DELETE			1-211	☐ Change ☐ Ad	dition	
NAME	SENECAL, ROCHELLE M.		2.2 NA			·		
STREET ADDRESS	13369 CHAMBORD ST		1		ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL				ST-ZIP		ĺ	
TITLE	TD	DELETE				Change Ad	dition	
NAME	SENECAL, DEWEY C. JR.		3.2 NA	ME				
STREET ADDRESS	13369 CHAMBORD ST		3351	REET	ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL		3 4. CITY]	
TITLE		DELETE	4.1 TOTLE			Change Ad	Idition	
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 ST	REET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-5		1 - ZIP			
TITLE		☐ DELETE	51 TITLE			Change Ad	Idition]	
NAME			5 2 NAME					
STREET ADDRESS			53 \$1	REET	ADDRESS			
CITY-\$T-ZIP			5.4 CF	IY-S	T- Z IP			
TITLE		☐ DE LETE	6.1 TI	TLE		☐ Change ☐ Ad	dition	
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 ST	REET	ADDRESS		1	
CITY-ST-ZIP			6.4 CI					
14. I hereby o	certify that the information supplied	l with this filmo does not qualify.	for the exe	amp	tion stated in	Section 119.07(3)(i), Florida Statules. I further certify that the information	ation	

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 13 if changed, or on an attachment with an address.