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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 20, 1999 8:00am

**Secretary of State** 

01-20-1999 90009 042 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L82846

CABINETS BY CAMPBELL, INC.

Principal Place of Business		Mailing A	Mailing Address					* 10011011 001	10110 11001 101	}		#   #	BIBAI BIBII IBBI	
C/O STEPHEN	I T. CAMPBELL	C/O STE	C/O STEPHEN T. CAMPBELL									,		
131 VOLLMER			131 VOLLMER AVE.			DO NOT WRITE IN THIS SPACE								
OLDSMAR FL 34677 OLDSMAR FL 34677							2 Date	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed						
								/22/1990	eu or Quain	eu				
2. Principal P	Place of Business	2a. Mailir	ng Address					Number		_		Па	pplied For	
21		26						3015335				$\vdash$	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			•	Ja	30 13333			•		Additional	
22		27	¬ ' ' '			5. Cer	tifcate of Sta	itus Desired	<b>1</b>	•		equired		
City & State			City & State			6. Elec	tion Campa	ion Financi	na		\$5.00	May Be		
23		28						st Fund Con	-	a 🗆	`		to Fees	
Zip	Country	Zip		Coun	ntry		8. This	corporation	owes the	current ye	ear Intangi	ole		
24	25	29	[3	30			Pers	sonal Prope	rty Tax.	_		Yes	□No	
	9. Name and Address of Curr	ent Registered	Agent				10. Nar	ne and Add	ress of Ne	w Regis	tered Age	nt		
	10 10 14 14 14 14 14 14 14 14 14 14 14 14 14	1. 2			81	Name								
	APBELL, STEPHEN T.				82	Street Add	ress (P.O. E	Box Number	is Not Acce	eptable)				
	VOLLMER AVE.												processing and second	
ULD	ISMAR FL 34677				83				*	3	i	1 . T &	酒麵款	
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ak yang Makharan					•	Ony					FL	, -,,	0000	
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the Stat	502 and 607.150	08, Florida Statutes	s, the ab	ove-n	named corp	oration sub	mits this sta	tement for t	he purpo	se of char	iging its	registered	
', agent. I a	am familiar with, and accept the oblig	gations of, Section	on 607.0505, Florid	da Statul	uy un tes	e corporation	on s board (	oi unectors.	THEIGDY AC	cept the	арропшне	11( 03 10	gistereu	
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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 another 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 of 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 adapting the with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: \_

CITY-ST-ZIP