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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P92000013025 (1)

PALM BAY KITCHEN & BATH, INC.

Principal Place of Business Mailing Address							10161 Libao (IIII ao(IR I	1 <b>58</b>
4306 ENTERPRIS NAPLES FL 339		4306 ENTERPRISE AVE NAPLES FL 34104-7058						
						3. Date Incorporated or Qualified 12/18/1992	3a. Date of Las 04/24/1996	
2. Principal Pace of Business 2a. Mailing Address						4. FEI Number		Applied For
21		26				65-0379153		Not Applicable
Suite, Apt. #, etc Suite, Apt. #, etc 27					•	5. Certificate of Status Desired		5 Additional Regulred
City & State						6. Election Campaign Financing		00 May Be
23	, ·					Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30	30		Florida Statutes Yes No		
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Reg	jistered Agent	
Unesher, cuttanus				81 Name				
	ENTERPRISE AVE		82 Street Add		Street Addres	ss (P.O. Box Number is Not Acceptab	ie)	
NAPLES FL 33942				83				
				83				
		•	Ī	84	City		FL 85 2	Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida State	ites, the ab	ove-r	named corpo	ration submits this statement for the p	urpose of changir	ng its registered
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.								
,	in an har with and accept the ob-	igations of, Section cortosos, F	ionua stati	utca.				
SIGNATURE	Signature, typical or printed name of registered a	agent and title if applicable (NC	TE: Registered	Agent	signature required	d when reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		
T:TLE	D	L DELETE	1.1 T)T	LE			L Chan	nge 🛄 Addition
NAME	ROWLAND, JOHN		1.2 NAM					
STREET ADORESS	4306 ENTERPRISE AVE		1.3 \$		TADDRESS			
City-St-Zig				TY-ST-	ZIP			and The Address
1811.6	<del></del>		21 TIT				∐_ Chan	nge L Addition
NAME:	CHESNEY, EDWARD		2.2 NAME					
STREET ADDRESS	4306 ENTERPRISE AVE		2 3 STREET AL					:
CHY-ST-ZIF TILLE	NAPLES FL 33942	DELETÉ	2 4 CITY - ST - ZIP ETÉ 31 TITLE		ZIP		☐ Chan	nge Addition
NAME	ARCHER, JAMES W	Lad Duce IC	3.2 NA					a. Las inventori
STREET ADDRESS	4306 ENTERPRISE AVE				DDRESS			
CITY - ST - ZIF	NAPLES FL 33942	•		TY-ST-				
THE		DELETE	4.1 717		<del></del>		Chan	nge Addition
NAME			4 2 N/	AME				
STREET ADDRESS				REET AL	ODRESS			
CHY+S1-200			4.4 CII	TY-ST-	ZIP			
Tille		DELETE	5.1 TIT	TLE			Chan	nge 🔲 Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 \$T	REET AI	Doress			
CHY SI-74P			5.4 CI	IY-SI-	ZIP			
TITLE		DELETE	6.1 TIT				Chan	nge 🔲 Addition
NAME			6.2 NA					
STREET ADDRESS					DORESS			
L 600 01 205	1		6 1 00	TO CT	no I			I

14. I do norchy 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 expression 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 or changed, or on an attachment with an address.

**SIGNATURE:** 

3-26-47 441649.

**FILED** 

Apr 01 1997 8:00am

Secretary of State