Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90147 050 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000013025

1. Corporation Name

PALM BAY KITCHEN & BATH, INC.

I ALIN DI	AT ATTOMEN & SATTI, INC							
Principal P ace of Business Mailing Address			-			1 (00)  007   10   0  0   10     00      00	.187 H.888 PUR .	
4306 ENTERPRISE AVE NAPLES FL 34104 US		4306 ENTERPRISE AVE NAPLES FL 34104 US			DO NOT WRITE IN TI	IS SPACE		
						3. Date Incorporated or Qualifed 12/18/1992		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number 65-0379153	N	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	te	City & State	<u>.</u>			6. Election Campaign Financing Trust Fund Contribution		0 I/lay Be ito Fees
Zip 24	Cour try	Zip 29	Cοι <b>30</b>	untry		This corporation owes the current year     Persor al Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent		<del>↓</del>		10. Name and Address of New Register	d Agent	
4306	ESNEY, EDWARD J 6 ENTERPRISE AVE PLES FL 34104				Street Add	dress (P.O. Bo) Number is Not Acceptable)		
				84	City		85 Zip	Code
office ( L I	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was ations of, Section 607.0505, F	authorize Torida Stat	d by in tutes.	e corporat	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	I Olitinent as i	ls registered registered
0.0.0.0.0.0	Signature, typed or printed na ne of registered ag	_ <del></del>			ignature requi	ired when reinstating) DATE		
12.		NI) DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	
TITLE	D	☐ DELETE	1.1 T				(M) Change	, D Addition
NAME	ROWLAND, JOHN			IAME				
STREET ADDRESS				TREET A		Zip 34	124	
CITY-ST-ZIP	NAPLES FL 33942	— — — — — — — — — — — — — — — — — — —		CITY-ST-	ZIP		☐ Change	e Addition
TITLE	D	☐ DELETE	2.1 ⊺				M change	, C Addition
NAME	CHESNEY, EDWARD		1	IAME				
STREET ADDRESS	(			TREETA	ţ	210 3410	, c.J	
CITY-ST-ZIP	NAPLES FL 33942	C DELETE		CITY-ST-	ZIP -		Change	e Addition
TITLE	D	☐ DELETE	3.1 T				<b>∠</b> ondings	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME	ARCHER, JAMES W			AME	202540			
STREET ADDRESS				TREETA		ZIP 3410	4	
CITY-ST-ZIP	NAPLES FL 33942	□ DCLETE		CITY-ST-	ZIP -		Change	e Addition
TITLE		☐ DELETE		TILE			Shange	
NAME				NAME				
STREET ADDRE 3S				STREET A	- 1			
CITY-ST-ZIP		7) DELETE		OTY-ST-	<u> </u>		Change	e Addition
TITLE		☐ DELETÉ		TITLE JAME			onange	
NAME	}			NAME	ODDESS			
STREET ADDRE S				STREET A				
CITY-ST-ZIP		□ 50; ==c		TITLE	41P		Change	e Addition
TITLE	}	☐ DELETE	1				Criange	, Undordon
NAME				NAME				
STREET ADDRESS	sl		6.3 5	STREET A	DORESS			

14. Therebi/ 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made or derivation of the corporation or the receiver or trustee empowered to execute this report as recuired 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, with all other like empowered.

SIGNATURE: Thomas Oftene

9-11-649-1998