

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P93000028726 (6)**

1. Corporation Name

**RICHARDSON CABINET SUPPLY, INC.**



Principal Place of Business

Mailing Address

**3631 HIGHWAY 231  
PANAMA CITY FL 32404**

**3631 HIGHWAY 231  
PANAMA CITY FL 32404**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

**RICHARDSON, JIMMY F  
3631 HIGHWAY 231  
PANAMA CITY FL 32404**

3. Date Incorporated or Qualified

**04/19/1993**

3a. Date of Last Report

**01/23/1995**

4. FEI Number

**59-3177687**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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

Signature of Registered Agent or New Registered Agent

Signature of Registered Agent or New Registered Agent

Signature of Registered Agent or New Registered Agent

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME: **D RICHARDSON, JIMMY F**  
2. STREET ADDRESS: **3631 HIGHWAY 231**  
3. CITY-STATE-ZIP: **PANAMA CITY FL 32407**  
4. TITLE: ☐ DELETE  
5. NAME: ☐ DELETE  
6. STREET ADDRESS: ☐ DELETE  
7. CITY-STATE-ZIP: ☐ DELETE  
8. NAME: ☐ DELETE  
9. STREET ADDRESS: ☐ DELETE  
10. CITY-STATE-ZIP: ☐ DELETE  
11. NAME: ☐ DELETE  
12. STREET ADDRESS: ☐ DELETE  
13. CITY-STATE-ZIP: ☐ DELETE  
14. NAME: ☐ DELETE  
15. STREET ADDRESS: ☐ DELETE  
16. CITY-STATE-ZIP: ☐ DELETE

1. TITLE: ☐ Change ☐ Addition  
2. NAME: ☐ Change ☐ Addition  
3. STREET ADDRESS: ☐ Change ☐ Addition  
4. CITY-STATE-ZIP: ☐ Change ☐ Addition  
5. TITLE: ☐ Change ☐ Addition  
6. NAME: ☐ Change ☐ Addition  
7. STREET ADDRESS: ☐ Change ☐ Addition  
8. CITY-STATE-ZIP: ☐ Change ☐ Addition  
9. TITLE: ☐ Change ☐ Addition  
10. NAME: ☐ Change ☐ Addition  
11. STREET ADDRESS: ☐ Change ☐ Addition  
12. CITY-STATE-ZIP: ☐ Change ☐ Addition  
13. TITLE: ☐ Change ☐ Addition  
14. NAME: ☐ Change ☐ Addition  
15. STREET ADDRESS: ☐ Change ☐ Addition  
16. CITY-STATE-ZIP: ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 1 or Block 13 if changed, on my appointment within address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-31-96**

**904-785-6124**

CR2E034 (12/95)