

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000042134 (5)

1. Corporation Name

KELLER KITCHEN CABINETS, INC.

Principal Place of Business

2526 W STATE ROAD 44  
DELAND FL 32721

Mailing Address

P O BOX 1089 N/A  
DELAND FL 32720  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/08/1993	3a. Date of Last Report 01/19/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3192093	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MCDONALD, THOMAS  
281 BAYOU CIRCLE  
DEBARY FL 32713

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 607.1508, 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	S
NAME	MCDONALD, SANDRA	1.2 NAME	MCDONALD, SANDRA
STREET ADDRESS	247 BAYOU CIRCLE	1.3 STREET ADDRESS	206 TRANQUILITY COVE
CITY-ST-ZIP	DEBARY FL	1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	VPT	2.1 TITLE	VPT
NAME	MCDONALD, BONNIE	2.2 NAME	TOLAND, STEPHEN
STREET ADDRESS	281 BAYOU CIRCLE	2.3 STREET ADDRESS	743 BRIARCREST DR.
CITY-ST-ZIP	DEBARY FL	2.4 CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	P	3.1 TITLE	
NAME	MCDONALD, THOMAS	3.2 NAME	
STREET ADDRESS	281 BAYOU CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Sandra McDonald*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra McDonald

4/30/96

Date

904-734-1984

Daytime Phone #

CR2E034 (12/95)