

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 JUL 10 AM
SECRETARY OF
TALLAHASSEE, F

FILED
95 JUL 10
SECRETARY OF
TALLAHASSEE

DOCUMENT # P93000047814 (7)

1. Corporation Name

PROCRAFT CABINETS, INC.

Principal Place of Business

3327 CHEVIOT DR.
TAMPA FL 33618

Mailing Address

3327 CHEVIOT DR.
TAMPA FL 33618

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/07/1993

3a. Date of Last Report

10/18/1994

4. FBI Number

59-3059261

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

5. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 11425 N. Dale Mabry Hwy
Suite, Apt. #, etc.

2a. Mailing Address

26 11425 N. Dale Mabry Hwy.
Suite, Apt. #, etc.

22 City & State

23 TAMPA FL

27 City & State

28 TAMPA FL

24 Zip

33618

Country

USA

29 Zip

33618

Country

USA

9. Name and Address of Current Registered Agent

SEMINOW, MONA
3327 CHEVIOT DR.
TAMPA FL 33618

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

Mona Semineau

(NOTE: Registered Agent signature required when constituting)

6-23-95

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SEMINOW, MONA
STREET ADDRESS	3327 CHEVIOT DRIVE
CITY - ST - ZIP	TAMPA FL 33618
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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:

Mona Semineau

(Signature AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

6-23-95

(Date)

961-0100

(Telephone Number)