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

PROFIT CORPORATION ... REPORT

99 1998 AR

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

FILED
98 JUN -4 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000061634

1. Corporation Name

CARlevAle CAbinets Inc.

[redacted]

Principal Place of Business | Mailing Address

343 E. Douglas oldsmar Fl. 34677 | SAme

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 7/23/93

4. FEI Number: 59-3196830 ☐ 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 owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 343 E Douglas	25
Suite, Apt #, etc. 22 M-7	Suite, Apt #, etc. 27
City & State 23 oldmAR	City & State 28
Zip 24 34677 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

DONNA CARlEVAlE
9209 Shellgrove ct
TPA - Fla. 33625

10. Name and Address of New Registered Agent

31 Name: N/A
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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	President/Vice ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DONNA CARlevale	1.2 NAME	700002556927--1
STREET ADDRESS	9209 Shellgrove ct	1.3 STREET ADDRESS	-06/11/98--01077--001
CITY-ST-ZIP	TPA. Fl 33615	1.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Cheryle B Andrews	2.2 NAME	700002556927--1
STREET ADDRESS	9209 Shellgrove ct	2.3 STREET ADDRESS	-06/11/98--01077--002
CITY-ST-ZIP	TPA - Fl. 33615	2.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	Sec/TREASURE ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	6/10
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 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: Donna M Carle ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONNA M CARlEVAlE

Date: 4/30/98 Daytime Phone #: 854-1539

Carlevale Cabinets, Inc.
343 E. Douglas #M-7
Oldsmar, Florida 34677

May 21, 1998

Florida Department of State
Mr. Sammy Caldwell
Post Office Box 6327
Tallahassee FL 32314

Re: Letter Number 798A00027555

Ref No: P93000051634

Dear Mr. Caldwell:

After our phone conversation on this date we attempted to go back through our records to determine if we had in fact paid the corporate fees. During 1996 and 1997 we had a part-time person coming in to do our books, unfortunately she was suffering from medical problems and this is an example, among others, that we have encountered. She is no longer with my company. I did speak with her on this date and although she was certain that if the paperwork came in she would have completed them, as I stated I could not find any record of this payment.

Enclosed you will find our checks for the amount that you have requested for reinstatement.

I apologize for this error. It is unfortunate that as a small business owner that I must pay the penalty for another's mistake, but obviously I have no other recourse.

If you have any questions, I can be reached at (813) 854-1539.

Sincerely,

Donna M. Carlevale
President