

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

FILED

98 JUN -4 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT

FLORIDA DEPARTMENT OF STATE

Sandra B. Worthington

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000051634

1. Corporation Name

CARLEVALE Cabinets Inc.

Principal Place of Business

Mailing Address

343 E. Douglas Oldsmar Fl.
34677

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quashed

7/23/93

4. FEI Number

59-3196830

Applied For

No! Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

8. Election Campaign Financing
Trust Fund Contribution

☐

\$3.00 May Be
Added to Fees

9. This corporation owes or has paid the current year Personal
Personal Property Tax due June 30:

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81. Name

N/A

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

83.

84. City

FL

85. Zip Code

DONNA CARLEVALE
9209 Shellgore Ct
TPA - FL 33615

11. Pursuant to the provisions of Sections 607.0507 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, dated or printed name of registered agent and title if applicable

(NOTE: Registered agent signature not used when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE: President/Vice
NAME: DONNA CARLEVALE
STREET ADDRESS: 9209 Shellgore Ct
CITY-ST-ZIP: TPA, FL 33615

TITLE: Cheryl B. Andrews
NAME: Cheryl B. Andrews
STREET ADDRESS: 9209 Shellgore Ct
CITY-ST-ZIP: TPA - FL 33615

TITLE: Sec/TREASURER
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE: [Blank]
13.2 NAME: [Blank]
13.3 STREET ADDRESS: [Blank]
13.4 CITY-ST-ZIP: [Blank]
700002556927--1
-06/11/98--01077--001
***150.00 ***150.00

13.1 TITLE: [Blank]
13.2 NAME: [Blank]
13.3 STREET ADDRESS: [Blank]
13.4 CITY-ST-ZIP: [Blank]
700002556927--1
-06/11/98--01077--002
***165.00 ***165.00

13.1 TITLE: [Blank]
13.2 NAME: [Blank]
13.3 STREET ADDRESS: [Blank]
13.4 CITY-ST-ZIP: [Blank]

13.1 TITLE: [Blank]
13.2 NAME: [Blank]
13.3 STREET ADDRESS: [Blank]
13.4 CITY-ST-ZIP: [Blank]

13.1 TITLE: [Blank]
13.2 NAME: [Blank]
13.3 STREET ADDRESS: [Blank]
13.4 CITY-ST-ZIP: [Blank]

13.1 TITLE: [Blank]
13.2 NAME: [Blank]
13.3 STREET ADDRESS: [Blank]
13.4 CITY-ST-ZIP: [Blank]

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 the signature shall have the same legal effect as if made under oath. 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 is on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature, dated or printed name of officer or director or authorized agent

DONNA M CARLEVALE

Date

4/30/98 854-1539

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:

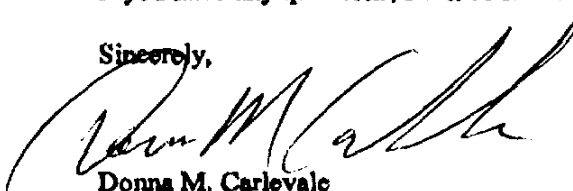
After our phone conversation on this date we attempted to go back through our records to determine if we had in fact paid the corporate fees. During 1996 and 1997 we had a part-time person coming in to do our books, unfortunately she was suffering from medical problems and this is an example, among others, 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