FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY 31 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/01/95--01114--009
****200.00 ****200.00

DOCUMENT # **P94000005539 (9)**

1. Corporation Name

KELLER KITCHEN CABINETS OF VOLUSIA, INC.

Principal Place of Business	Mailing Address
2526 STATE RD 44, WEST DELAND FL 32720	2526 STATE RD 44, WEST DELAND FL 32720

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **01/21/1994**

3a. Date of Last Report:

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: APPLIED FOR ☐ 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 totally or partially tax under § 193.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCDONALD, THOMAS
2526 STATE ROAD 44, WEST
DELAND FL 32720

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 of new registered agent required) (date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	7 TITLE	☐ Change ☐ Addition
NAME	MCDONALD, THOMAS	8 NAME	
STREET ADDRESS	2526 STATE RD 44, WEST	9 STREET ADDRESS	
CITY ST ZIP	DELAND FL 32720	10 CITY ST ZIP	
TITLE		11 TITLE	☐ Change ☐ Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY ST ZIP		14 CITY ST ZIP	
TITLE		15 TITLE	☐ Change ☐ Addition
NAME		16 NAME	
STREET ADDRESS		17 STREET ADDRESS	
CITY ST ZIP		18 CITY ST ZIP	
TITLE		19 TITLE	☐ Change ☐ Addition
NAME		20 NAME	
STREET ADDRESS		21 STREET ADDRESS	
CITY ST ZIP		22 CITY ST ZIP	
TITLE		23 TITLE	☐ Change ☐ Addition
NAME		24 NAME	
STREET ADDRESS		25 STREET ADDRESS	
CITY ST ZIP		26 CITY ST ZIP	
TITLE		27 TITLE	☐ Change ☐ Addition
NAME		28 NAME	
STREET ADDRESS		29 STREET ADDRESS	
CITY ST ZIP		30 CITY ST ZIP	

REPRINTED BY MAY 1

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)(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 1, 7, or Block 11 if changed, in an amendment with an address.

SIGNATURE: Thomas McDonald 4/24/95 904-734-1984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030854 CP