

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 # P94000009604 (7)

1. Corporation Name

PROGRESSIVE CABINETS, INC.



Principal Place of Business

3850 NW OLD 441  
OCALA FL 34475

Mailing Address

3850 NW OLD 441  
OCALA FL 34475

3. Date Incorporated or Qualified  
03/01/1994

3a. Date of Last Report  
03/21/1995

2. Principal Place of Business

21 3826 NW OLD 441

2a. Mailing Address

26 3826 NW OLD 441

4. FEI Number

59-3225421

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 liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Ocala FL

City & State

28 Ocala FL

Zip

24 34475

Country

25 MARION

Zip

29 34475

Country

30 MARION

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARLOW, KEVIN L  
3850 NW OLD 441  
OCALA FL 34475

81 Name

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

3826 NW OLD 441

83

84

Ocala

FL

85 Zip Code

34475

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

Sign and, if typed or printed, name of registered agent and officer if applicable

(If Officer: Registered Agent Signature required with transmittal)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
PTD  
BARLOW, KEVIN L  
STREET ADDRESS  
3850 NW OLD 441  
CITY-ST-ZIP  
OCALA FL 34475

TITLE ☐ DELETE

NAME  
VSD  
BARLOW, FRANCES  
STREET ADDRESS  
3850 NW OLD 441  
CITY-ST-ZIP  
OCALA FL 34475

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
Kevin L. Barlow  
1.3 STREET ADDRESS  
3826 NW OLD 441  
1.4 CITY-ST-ZIP  
Ocala FL 34475

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
Frances Barlow  
2.3 STREET ADDRESS  
3826 NW OLD 441  
2.4 CITY-ST-ZIP  
OCALA, FL 34475

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 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: Frances Barlow FRANCES BARLOW  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96  
Date

352-732-1181  
Daytime Phone #

CR2E034 (12/95)