

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 7:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000012732 (1)**

1. Corporation Name

JORDON'S CABINET REFINING, INC.

Principal Place of Business

3116 VILLA DRIVE- 1098 Oak Lane
ORLANDO FL 32810
Winter Spgs., FL 32708

Mailing Address

3116 VILLA DRIVE 1098 OAK LANE
ORLANDO FL 32810 Winter Springs, FL
32708

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/14/1994	3a. Date of Last Report
4. FEI Number 59-3225956	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 193.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1098 Oak Lane	26 1098 OAK LANE	59-3225956	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/>
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
City & State	City & State	23 Winter Springs, FL	28 Winter Springs, FL
Zip	Country	24 32708	25
29 32708	30	8. Name and Address of Current Registered Agent	

8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JORDON, TIMOTHY W 3116 VILLA DRIVE ORLANDO FL 32810		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	FL B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDON, TIMOTHY W	1.2 NAME	
STREET ADDRESS	3116 VILLA DRIVE	1.3 STREET ADDRESS	1098 OAK LANE
CITY - ST - ZIP	ORLANDO FL 32810	1.4 CITY - ST - ZIP	Winter Springs, FL 32708
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDON, PAMELA Y	2.2 NAME	
STREET ADDRESS	3116 VILLA DRIVE	2.3 STREET ADDRESS	1098 OAK LANE
CITY - ST - ZIP	ORLANDO FL 32810	2.4 CITY - ST - ZIP	Winter Springs, FL 32708
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(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 of Block 13 if changed or on an attachment with an address.

SIGNATURE: *Pamela Jordan* PAMELA JORDON/SEC-TREASURER 1/30/95 401-646-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Date