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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000012732 (1)

JORDON'S CABINET REFACING, INC.

Mailing Address Principal Place of Business 1098 OAK LANE 1098 OAK LANE WINTER SPRINGS FL 32708 WINTER SPGS FL 32708 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/14/1994 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-3225956 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible Zip Country  $Z_{\rm IP}$ Personal Properly Tax due June 30. Yes

10. Name and Address of New Registered Agent 24 30 25 29 9. Name and Address of Current Registered Agent 81 Name JORDÓN, TIMOTHY W 3118 **VI**LLA DRIVE 82 Street Add ORLANDO FL 32810 83 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement of the purpose of changing its registered by the corporation's board of directors. Thereby accept the appointment as registered office or registered agent, or both, in the State of Florida State, change was authorized by the corporation's board of directors agent. I am tamiliar with, and accept the obligations of, Section 607.0505, Florida Statute Jordon President ONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE TITLE JORDON, TIMOTHY W 1.2 NAME NAME 1098 OAK LANE STREET ADDRESS 1.3 STREET ADDRESS WINTER SPRINGS FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE JORDON, PAMELA Y 2 2 NAME NAME 1098 OAK LANE 2.3 STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL 2 4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 41 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME

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 on an attachment with an address.

6.4 CITY - ST - ZIP

**6.3 STREET ADDRESS** 

4/22/98 200-1-01-888

**FILED** 

May 05 1998 8:00am

Secretary of State