

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90070 007 \*\*\*150.00

DOCUMENT # P94000020861

1. Corporation Name

ECONO LINE CABINETS, INC.



Principal Place of Business

5317 SHEN AVENUE  
JACKSONVILLE FL 32205

Mailing Address

5317 SHEN AVENUE  
JACKSONVILLE FL 32205

CHANGES OF  
ADDRESS  
↓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2913 ROSSELLE ST.  
Suite, Apt. #, etc.

22 City & State  
JACKSONVILLE FLA.

23 Zip 32205 Country

24 32205 25

2a. Mailing Address

26 2913 ROSSELLE ST.  
Suite, Apt. #, etc.

27 City & State  
JACKSONVILLE FLA.

28 Zip 32205 Country

29 32205 30

3. Date Incorporated or Qualified

03/15/1994

4. FEI Number

59-3218527

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

☐

No

9. Name and Address of Current Registered Agent

HOLSTON, RICHARD E  
5317 SHEN AVENUE  
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name CURTIS R HOLSTON

82 Street Address (P.O. Box Number is Not Acceptable)  
2913 ROSSELLE ST.

83

84 City JACKSONVILLE

FL

85 Zip Code

32205

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 CURTIS R HOLSTON

(NOTE: Registered Agent signature required when reinstating)

1-25-99

DATE

12. OFFICERS AND DIRECTORS

TITLE 0 ☐ DELETE

NAME HOLSTON, CURTIS R  
STREET ADDRESS 5317 SHEN AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32205

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

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: CURTIS R HOLSTON

Date

Daytime Phone #

1-25-99

387-1704

CR2E034 (1/198)