

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 10, 1999 8:00 am
Secretary of State

03-10-1999 90072 009 ***150.00

DOCUMENT # P94000025157

1. Corporation Name

BUCHANAN CABINETS, INC.

Principal Place of Business

ROUTE 4, BOX 825
MADISON FL 32340

Mailing Address

ROUTE 4, BOX 825
MADISON FL 32340

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1994

4. FEI Number
59-3239214

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Rt. 2 Box 1355

2a. Mailing Address

26 Rt. 2 Box 1355

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Madison, FL

City & State

28 Madison, FL

Zip

24 32340

Country

25 U.S.A.

Zip

29 32340

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

BUCHANAN, ROBERT L JR.
ROUTE 4, BOX 825
MADISON FL 32340

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
BUCHANAN, ROBERT L
STREET ADDRESS ROUTE 4, BOX 825
CITY-ST-ZIP MADISON FL 32340

TITLE ☐ DELETE

NAME STD
BUCHANAN, ROBYN D.
STREET ADDRESS ROUTE 4, BOX 825
CITY-ST-ZIP MADISON FL

TITLE ☐ DELETE

NAME VPD
BROOKS, TONY D.
STREET ADDRESS ROUTE 1, 263A
CITY-ST-ZIP MADISON FL

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 PD
Buchanan, Robert L. Jr.
1.3 STREET ADDRESS Rt. 2 Box 1355
1.4 CITY-ST-ZIP Madison, FL 32340

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME STD
Buchanan, Robyn D.
2.3 STREET ADDRESS Rt. 2 Box 1355
2.4 CITY-ST-ZIP Madison, FL 32340

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0055543