

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 # P94000035368 (7)

1. Corporation Name

EMERALD COAST CABINETS INC.

Principal Place of Business

STE. 22, EMERALD COAST PLAZA
HWY. 98 EAST
SANTA ROSA BEACH FL 32459

Mailing Address

STE. 22, EMERALD COAST PLAZA
HWY. 98 EAST
SANTA ROSA BEACH FL 32459



3. Date Incorporated or Qualified

05/09/1994

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 3906 Highway 98 E

26 P. O. Box 2160

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite #6

27

City & State

City & State

23 Santa Rosa Beach, FL

28 Santa Rosa Beach, FL

Zip

Country

Zip

Country

24 32459

25 USA

29 32459

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELEY, SUE
SUITE 6, EMERALD COAST PLAZA
HIGHWAY 98 EAST
SANTA ROSA BEACH FL 32459

81 Name

Eley, John

82

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

3906 Highway 98 E

83

Suite #6

84

City

Santa Rosa Beach

FL

85

Zip Code

32459

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 of registered agent or new registered agent and then I appoint:

(If the Registered Agent's Signature is required when registering)

DATE

6/4/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP, S
ELEY, JOHN
RT. 2 BOX 8102
SANTA ROSA BEACH FL 32459

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
ELEY, SUSAN E
408 SLALOM WAY
SANTA ROSA BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/96

267-2290 (904)

CR2E034 (12/95)