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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000048572 (9)

1. Corporation Name
SCHMUCKER CABINETS, INC.



Principal Place of Business
2401 W. EXECUTIVE RD., BLDG 4, WHSE. #6
WINTERHAVEN FL 33884
US

Mailing Address
1510 AVENUE F N.E.
WINTER HAVEN FL 33881-4347
US

3. Date Incorporated or Qualified
06/27/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3261562	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	☐	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	☐
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☐ No
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

BLANKENSHIP, RANDALL G ESQ.
170 E. CENTRAL AVENUE
WINTER HAVEN FL 33881

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	D	DELETE
NAME	SCHMUCKER, TERRY L.	
STREET ADDRESS	1510 AVE. F., N.E.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	DELETE
NAME	SCHMUCKER	
STREET ADDRESS	SCHMUCKER, KIMBERLY S.	
CITY-ST-ZIP	WINTER HAVEN 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	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Winter Haven, FL 33981
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	DPT/S Schmucker, Kimberly S.
2.3 STREET ADDRESS	1510 Ave. F. N.E.
2.4 CITY-ST-ZIP	Winter Haven, FL 33981
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 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.

SIGNATURE: Kimberly S. Schmucker 2-5-97 1941324-2813

CR2E034 (9/96)