

# 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 # **P94000079037 (5)**

1. Corporation Name

**PANTRY'S MILLWORK & CABINETS, INC.**

Principal Place of Business

12301 S.W. 186TH STREET  
MIAMI FL 33177

Mailing Address

12301 S.W. 186TH STREET  
MIAMI FL 33177

NEW 1537 OPA LOCKA BLVD  
OPA LOCKA FL 33154

2. Principal Place of Business

2a. Mailing Address

21 1837 OPA LOCKA BLVD  
Suite, Apt. #, etc.

26 SAME  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 OPA LOCKA FL  
Zip Country

28 Zip Country

24 33154 25 DADE

29

30

9. Name and Address of Current Registered Agent

CHOOS, SCOTT S  
SUITE 312  
15600 S.W. 288 STREET  
HOMESTEAD FL 33033

3. Date Incorporated or Qualified

10/27/1994

3a. Date of Last Report

10/11/1995

4. FEI Number

65-0596994

Applied For

Not Applicable

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

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's signature required with incorporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD  
NAME PANTRY, GLADSTONE L  
STREET ADDRESS 12301 S.W. 186TH STREET  
CITY-ST-ZIP MIAMI FL 33177 ☐ DELETE

TITLE ~~ERROL MORRISON~~  
NAME ~~ERROL MORRISON~~ ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VICE PRESIDENT  
NAME ERROL G. MORRISON  
STREET ADDRESS 571 NW 195 Terrace  
CITY-ST-ZIP MIAMI FL 33119 ☐ DELETE

TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ DELETE  
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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

*GLADSTONE L. PANTRY*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

(305) 681-4222

CR2E034 (12/95)