

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 27 1997 8:00am
Secretary of State

DOCUMENT # P95000010295 (0)

1. Corporation Name
TOMOKA CABINETRY SERVICES, INC.



Principal Place of Business
1588 PINE AVE.
HOLLY HILL FL 32117

Mailing Address
1588 PINE AVE.
HOLLY HILL FL 32117-2146

| | |
|---|--|
| 3. Date Incorporated or Qualified 01/31/1995 | 3a. Date of Last Report 04/18/1996 |
| 4. FEI Number 59-3299882 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Zip |
| 24. Country | 29. Country |
| 25. Country | 30. Country |

9. Name and Address of Current Registered Agent

ANDERSON, RONALD F
1537 POPLAR DR.
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

| | |
|--|--------------|
| 81. Name | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. City | |
| 84. City | FL |

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|---|-----------------|
| TITLE | 1. NAME | 1.1 TITLE | 1.2 NAME |
| NAME | 2. STREET ADDRESS | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP |
| CITY-ST-ZIP | 3. CITY-ST-ZIP | 2.1 TITLE | 2.2 NAME |
| TITLE | 4. NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |
| NAME | 5. STREET ADDRESS | 3.1 TITLE | 3.2 NAME |
| CITY-ST-ZIP | 6. CITY-ST-ZIP | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP |
| TITLE | 7. NAME | 4.1 TITLE | 4.2 NAME |
| NAME | 8. STREET ADDRESS | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP |
| CITY-ST-ZIP | 9. CITY-ST-ZIP | 5.1 TITLE | 5.2 NAME |
| TITLE | 10. NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |
| NAME | 11. STREET ADDRESS | 6.1 TITLE | 6.2 NAME |
| CITY-ST-ZIP | 12. CITY-ST-ZIP | 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: _____ DATE: 3/20/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: LARRY C. HART
Daytime Phone #: 9046762279

CR2E034 (9/96)