

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 # P95000040287 (1)

1. Corporation Name

WILLIAMS CABINETS OF S.W. FLORIDA, INC.



Principal Place of Business

2840 WORTH AVENUE
ENGLEWOOD FL 34224

Mailing Address

2840 WORTH AVENUE
ENGLEWOOD FL 34224

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/22/1995

3a. Date of Last Report

4. FEI Number

65-0895595

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

9. Name and Address of Current Registered Agent

WILLIAMS, THOMAS L
779 RIVIERA LANE - N.W.
PT. CHARLOTTE FL 33948

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 607.02 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 this State or Florida. Such change is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am
family member of an officer or director of the corporation. I am authorized to accept this appointment. Section 607.05, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS

DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

President
Thomas L. Williams
779 Riviera Lane
Port Charlotte, FL 33948

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Vice President
Pamela J. Staniszkowski
779 Riviera Lane
Port Charlotte, FL 33948

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

000001771280

-04/05/96--01050--027

***200.00

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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 and the receiver or trustee or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name
appears in Block 12 or change 1, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2096

941-475-7651

CR2E034 (12/95)