

**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**

97 DEC 31 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000053898 (9)**

1. Corporation Name  
**IMPERIAL CABINETS & MILLWORK, INC.**



**REINSTATEMENT**

Principal Place of Business  
**1187 BARTOW HWY  
207  
LAKELAND FL 33805  
US**

Mailing Address  
**P.O. BOX 92105  
LAKELAND FL 33804-2105  
US**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
**07/10/1995**

3a. Date of Last Report  
**06/28/1996**

4. FEI Number  
**65-0673346**

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  
**WELCH, JAMES S  
4404 SO. FLORIDA AVENUE  
LAKELAND FL 33813**

10. Name and Address of New Registered Agent  
81. Name **Leroy Goodman, Jr.**  
82. Street Address (P.O. Box Number is Not Acceptable) **1137 Bartow Rd, Suite 207**  
83. City **Lakeland** FL 85 Zip Code **33804**

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 **Leroy Goodman, Jr. President** DATE **12-30-97**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GOODMAN, LEROY JR.	
STREET ADDRESS	640 W. VALENCIA STREET	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BOWICK, SYLVIA	
STREET ADDRESS	640 W. VALENCIA STREET	
CITY-ST-ZIP	LAKELAND FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LADER, WALTER K JR.	
STREET ADDRESS	7511 HAVENWOOD DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GOODMAN, LEROY JR	
STREET ADDRESS	640 W VALENCIA STREET	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>700002392347-0</b>
1.3 STREET ADDRESS	<b>-01/07/98--01043--015</b>
1.4 CITY-ST-ZIP	<b>****750.00 ****750.00</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Leroy Goodman, Jr.** DATE: **12-30-97 (941) (682,8146)**

CR2E034 (9/96)