

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000059382 (8)

1. Corporation Name

SPECIALTY CABINETS AND MILLWORKS, INC.



Principal Place of Business

2636-B MITCHAM DRIVE
TALLAHASSEE FL 32308

Mailing Address

2636-B MITCHAM DRIVE
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified
08/01/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 2759 Capital Circle N.E.

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Tallahassee FL

28 City & State

Tallahassee FL

24 Zip

32312

25 Country

LEON

29 Zip

32312

30 Country

LEON

4. FEI Number

59-3322 516

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

10. Name and Address of New Registered Agent

~~MOXEY, RICHARD~~
2636-B MITCHAM DRIVE
TALLAHASSEE FL 32308

RICHARD MAXEY

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

Richard D. Maxey

President

4-29-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
PALMER, RILEY
2636-B MITCHAM DRIVE
TALLAHASSEE FL 32308

TITLE ☐ DELETE

D MAXEY
MOXEY, RICHARD
2636-B MITCHAM DRIVE
TALLAHASSEE FL 32308

TITLE ☐ DELETE

TITLE

NAME

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