

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 AUG 28 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P950000 59387*
1. Corporation Name
SPECIALTY CABINETS AND MILLWORK, INC.

Principal Place of Business
**2700-1 Power Mill Court
Tallahassee, FL 32301**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 P. O. Box 12668 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country		3. Date Incorporated or Qualified 8/1/95		3a. Date of Last Report 5/1/96	
				4. FEI Number 59-3322516		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 Richard Maxey 2636-B Mitcham Drive Tallahassee, FL 32308				10. Name and Address of New Registered Agent 81 Name Riley D. Palmer 82 Street Address (P.O. Box Number is Not Acceptable) 1677 Mahan Center Blvd. 83 84 City Tallahassee FL 85 Zip Code 32308			
--	--	--	--	--	--	--	--

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]* DATE **8/22/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	President	☒ DELETE		1.1 TITLE	President	☒ Change ☐ Addition	
NAME	Richard Maxey			1.2 NAME	Riley D. Palmer		
STREET ADDRESS	2636-B Mitcham Drive			1.3 STREET ADDRESS	1677 Mahan Center Blvd.		
CITY-ST-ZIP	Tallahassee, FL 32308			1.4 CITY-ST-ZIP	Tallahassee, FL 32308		
TITLE	Treasurer	☒ DELETE		2.1 TITLE	Vice-President	☒ Change ☐ Addition	
NAME	Richard Maxey			2.2 NAME	Riley D. Palmer		
STREET ADDRESS	2636-B Mitcham Drive			2.3 STREET ADDRESS	1677 Mahan Center Blvd.		
CITY-ST-ZIP	Tallahassee, FL 32308			2.4 CITY-ST-ZIP	Tallahassee, FL 32308		
TITLE	Secretary	☒ DELETE		3.1 TITLE	Treasurer	☒ Change ☐ Addition	
NAME	Riley D. Palmer			3.2 NAME	June R. Martin		
STREET ADDRESS	2636-B Mitcham Drive			3.3 STREET ADDRESS	1677 Mahan Center Blvd.		
CITY-ST-ZIP	Tallahassee, FL 32308			3.4 CITY-ST-ZIP	Tallahassee, FL 32308		
TITLE		☐ DELETE		4.1 TITLE	Secretary	☒ Change ☐ Addition	
NAME				4.2 NAME	June R. Martin		
STREET ADDRESS				4.3 STREET ADDRESS	1677 Mahan Center Blvd.		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Tallahassee, FL 32308		
TITLE		☐ DELETE		5.1 TITLE		☐ Change ☐ Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *[Signature]* **Riley D. Palmer** DATE: **8/22/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)