FILE NOW: FILING FEE AFTER MAY 1 IS \$55000

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT STATE

Sandra B. Mortlan

Secretary of Sta

DIVISION OF CORPOR HONS

DOCUMENT # P95000074951 (1)

ARTISAN'S GUILD CUSTOM CABINETRY, INC.

Principal Place of Business 6001 TAYLOR ROAD Mailing Address

FILED Apr 30 1997 8:00am Secretary of State



8001 TAYLOR ROAD NAPLES FL 33942		6001 TAYLOR ROAD NAPLES FL 34109-1834					
					3. Date Incorporated or Qualified 09/28/1995	3a. Date of Last 04/29/1996	
	ace of Business Cail Head Blud.	2a. Mailing Address	1egd	NDN N	4. FEI Number		Applied For
Sulte, Apt.		26 1510 Rail 1 Suite, Apt. #, etc.	1010	RNg	. 65-0629196		Not Applicable
22		27	·		5. Certificate of Status Desired	Fee	Additional Required
City & State	es, Florida	City & State 28 NAPICS ,		<u>AQÍ-S</u>	Election Campaign Financing Trust Fund Contribution	Adde	0 May Be d to Fees
Zip 24 3411		29 34116	Cou 30	ntry USA		Yes □ No	r s. 199.032,
	9. Name and Address of Currer	nt Registered Agent		AT I	10. Name and Address of New Reg	gistered Agent	
	/, THOMAS S			81 Name			
	TAYLOR ROAD ES FL 33942			82 Street 1510 83	Address (P.O. Box Number is Not Acceptable Rall Heald Blvd.	le)	
				84 City	wics.	FL 85 3	p Code
11. Pursuant to office or re agent. Lar	to the provisions of Sections 607.050 egistered agent, or both, in the Stato m familiar with, and accept the oblig	l2 and 607.1508, Florida Statul of Florida Such change was ations of, Section 607.0505_FI	es, the at authorized orida Stat	ove-named by the corules.	corporation submits this statement for the population's board of directors. I hereby acceptionally acception in the population of the population is statement for the population in the population is statement for the population in the population is statement for the population in the population is statement for the po	urpose of changing t the appointment a	its registered as registered
SIGNATURE	Signature, typed or printed name of registered age	imass. R. Lein - Kno	ande	A	required when reinstating)	23/97	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	ORS IN 12
TITLE	PST	DELETE	1.1][]	LF		V Change	e Addition
NAME	RILEY, THOMAS S III		1.2 NA		1 121.5		
STREET ADDRESS	6001 TAYLOR ROAD		1.3 ST	HEFT ADDRESS	1510 Rail Head BluD.		
CITY-ST-ZIP	NAPLES FL	- Driese		Y-ST-71P	NAPKS, FloriDA	34110	
TITLE		☐ DELE1E	2.1 111			Change	e Addition
NAME			2.2 NA				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2.4 Cl	TY-ST-ZIP		Change	e Addition
NAME			32 NA			ن Shange ر	Z Madition
STREET ADDRESS				HET ADDRESS			
CITY-ST-ZIP			34.0	Y - ST - 7IP			
TITLE		☐ DELETE	4 1 T	F		☐ Change	Addition
NAME			4 2 1	ME			
STREET ADDRESS			43S	EET ADDRESS			
CITY-ST-ZIP			4.4.0	Y - ST - ZIP			
TITLE		☐ DELETE	51 T	{		Change	Addition
NÀME			52 N	ALE.			
STREET ADDRESS			5 3 S	CEL ADDRESS			
CITY-ST-ZIP		Dr. ca	5.4 0	Y∙ST∙ZIP			···
TITLE		☐ DCLETE	6.11	F		Change	Addition
NAME				AE	•		
STREET ADDRESS			635	EFF ADDRESS			
CITY-ST-ZIP			640	r - \$1 - ZIP	0.0000000000000000000000000000000000000		

14. I do hereby certify that the information supplied with this filling does not qualify for the information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Block 13 if changed, or on an attachment with an address

xemption stated in Scction 119.07(3)(i). Florida Statutos. I further certify that the curate and that my signature shall have the same legal effect as if made under oath, that socule this report as required by Chapter 607, Florida Statutes; and that my name

CNATURE TO THE STATE OF THE STA