

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  
Mar 24 1997 8:00am  
Secretary of State

DOCUMENT # P95000075695 (3)

1. Corporation Name

NEW RIVER CABINET & FIXTURE, INC.



Principal Place of Business

750 NW 57 COURT  
FORT LAUDERDALE FL 33309  
US

Mailing Address

750 NW 57 COURT  
FORT LAUDERDALE FL 33309-2028  
US

3. Date Incorporated or Qualified  
10/02/1995

3a. Date of Last Report  
02/16/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

30 Country

4. FEI Number

65-0616383

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 607.0502 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 of typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	JENKINS, DARRYL	
STREET ADDRESS	1008 VENETIAN BLVD	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, DONALD	
STREET ADDRESS	1002 VENETIAN BLVD	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PLUMLEY, RICHARD	
STREET ADDRESS	900 S GAY STREET	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PLUMLEY, WILLIAM	
STREET ADDRESS	4560 NW 90 AVENUE	
CITY-ST-ZIP	OCALA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Charles Mark Bradham	
1.3 STREET ADDRESS	750 NW 57th Court	
1.4 CITY-ST-ZIP	Fort Lauderdale, Florida 33309	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Darryl R. Jenkins	
5.3 STREET ADDRESS	1008 Venetian Boulevard	
5.4 CITY-ST-ZIP	Islamorada, Florida 33036	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
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 included 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:

Charles M. Bradham  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/97

954-771-1112

Daytime Phone #

Daytime Phone #

CR2E034 (9/96)