

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000093850 (2)
1. Corporation Name
PARE'S CUSTOM CABINETS, INC.



Principal Place of Business 8701 S PHILLIPS HWY, SUITE 338 JACKSONVILLE FL 32256	Mailing Address 8701 S PHILLIPS HWY, SUITE 338 JACKSONVILLE FL 32256
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1112 WASHINGTON HWY Suite, Apt. #, etc. 22 SUITE E City & State 23 GLEN ALLEN VA. Zip 24 23059		2a. Mailing Address 26 1112 WASHINGTON HWY Suite, Apt. #, etc. 27 SUITE E City & State 28 GLEN ALLEN, VA. Zip 29 23059		3. Date Incorporated or Qualified 01/01/1996	
		4. FEI Number 59-3350391		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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent PARE, GERARD W JR 8701 S PHILLIPS HWY, SUITE 338 JACKSONVILLE FL 32256		10. Name and Address of New Registered Agent 81 Name CLAY KILLOUGH (BILL) 82 Street Address (P.O. Box Number is Not Acceptable) 3947 BOULEVARD CENTER DR. #107 83 84 City JACKSONVILLE FL 85 Zip Code 32207	
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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 *Clay Kilgough* CLAY KILLOUGH, ACCOUNT ANT 1-20-98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME PARE, GERARD W JR STREET ADDRESS 8701 S PHILLIPS HWY, SUITE 338 CITY-ST-ZIP JACKSONVILLE FL 32256	☐ DELETE	1.1 TITLE PD 1.2 NAME PARE, GERARD W JR. 1.3 STREET ADDRESS 1112 WASHINGTON HWY SUITE E 1.4 CITY-ST-ZIP GLEN ALLEN, VA 23059	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I 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 *Gerard W. Pare* GERARD W. PARE, JR. 1-20-98 708-5097

CR2E034 (10/97)