FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P96000018215

1. Corporation Name
ALTERNATIVE DESIGNS CUSTOM CABINETRY, INC.

Principal Place of Business
5201 E. BROADWAY
TAMPA, FL 33619

Mailing Address
P.O. BOX 615
BRANDON, FL 33509

3. Date Incorporated or Qualified: 2/96
3a. Date of Last Report: 2/96

2. Principal Place of Business — 21
2a. Mailing Address — 26 P.O. BOX 615
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28 BRANDON, FL
Zip — 24
Country — 25
Zip — 29 33509
Country — 30 HILLSBOROUGH

4. FEI Number: 59-2187422 — 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
MARY L. TOMLINSON
200 LESLIE DR. #921
HALLANDALE, FL 33009

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: MARY L. TOMLINSON — Mary L Tomlinson — 2/4/97
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT ☐ DELETE
NAME	MARY L TOMLINSON
STREET ADDRESS	200 LESLIE DR
CITY-ST-ZIP	HALLANDALE, FL
TITLE	V-PRESIDENT ☐ DELETE
NAME	DANNY C. TOMLINSON
STREET ADDRESS	750 PEARL CIRCLE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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***165.00

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: Mary L Tomlinson, PRES. — 2/4/97 — 813-248-6100
CORPORATE OFFICER OR DIRECTOR NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)