

4-21-98 B5167 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 21 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 # **P96000031652 (6)**

1. Corporation Name

CABINET SOLUTIONS, INC.



Principal Place of Business

**271 ANDERDSON DR
MARY ESTHER FL 32569**

Mailing Address

**271 ANDERDSON DR
MARY ESTHER FL 32569**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1996

4. FEI Number

59-3376626

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

2. Principal Place of Business

21 271 Anderson Drive

Suite, Apt. #, etc.

22

City & State

23 Mary Esther, FL

Zip

Country

24 32569

25

2a. Mailing Address

26 271 Anderson Drive

Suite, Apt. #, etc.

27

City & State

28 Mary Esther, FL

Zip

Country

29 32569

30

9. Name and Address of Current Registered Agent

**NORTON, WESLEY D
271 ANDERDSON DR
MARY ESTHER FL 32569**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
271 Anderson Drive

83

84 City
Mary Esther

FL

85 Zip Code
32569

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 *Wesley D. Norton*

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 **D** ☐ DELETE

NAME **NORTON, WESLEY D**
STREET ADDRESS **271 ANDERDSON DR**
CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE **D** ☐ DELETE

NAME **NORTON, SUSANNE**
STREET ADDRESS **271 ANDERDSON DR**
CITY-ST-ZIP **MARY ESTHER FL 32569**

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 **271 Anderson Drive**
1.4 CITY-ST-ZIP **Mary Esther, FL 32569**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **271 Anderson Drive**
2.4 CITY-ST-ZIP **Mary Esther, FL 32569**

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

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 *Wesley D. Norton*

(850)243-2844

CR2E034 (10/97)