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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

May 08 1998 8:00am

	AL REPORT	Secretary DIVISION OF CO	of State	Secretary of	of State
DOCUN 1. Corporation		0032301 (9)			
C AND	d Cabinets and Trim, in	IC.			
Principal Place	of Business	Mailing Address		T 109(188) JIM 18119 BITH BEST MENT MALL DALLE AND	10 11000 11117 <b>0010</b> 1 1101 1001
805 EVELYN AVE		805 EVELYN AVE			
GLEARWATER FL 34624		CLEARWATER FL 34624		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
a Principal Pla	ace of Business	2a. Mailing Address		04/01/1996 4. FEI Number	Applied For
21		26		59-3372912	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		6, Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be
Zip Country		ZIP Country		Trust Fund Contribution  8. This corporation owes or has paid the cu	Added to Fees
24	25	· — —	30		Yes ANO
	g. Name and Address of Current	t Registered Agent		10. Name and Address of New Registered	Agent
	18, <del>Chris</del>		81 Name	UL DE MONTE	
	EVELYN AVE		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
C <del>LEARWATER FL 34024</del> ,			63	3 MISSOUR AND JAVE	<b>Н</b> .
					Torl 7:- Onde
64 City CLPM MATER FL 65 Zip Code 33756					
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 effice or registered egiont, or noth, 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 fatrillar with, and accept the obligation for .0505, Florida Statutes.					
agent. I am tamiliar with, and accept the obliquion (hit, section 607,0505, Horida Statutes.)					
SIGNATURE	Signature, typed or printed name of registered ages	of and tale if applicable (NOTE)	Av. JEZ /V Registered Agent signature require	ed when reinstating) DME	1/98.
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D DAVID OUTDO	☐ DELETE	1.1 TUTLE		Change Addition
NAME CONCEY ADDRESS	DAVIS, CHRIS <del>805-EVELYN AVE</del>		1.2 NAME	12206 PROWN BROWN COM	icle.
STREET ADDRESS CITY+ST-ZIP	CLEARWATER FL 34624		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	13706 CARNI BROIN COM FRANKEN, TH. 37067	) <u>.</u>
TITLE	View with the same of the same	☐ DELETE	2.1 7/TLE	PREPERTY INC.	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2. 4 CITY - ST - ZiP		Change Addition
TITLE		L_ DELEIL	3.1 TITLE 3.2 NAME		The country
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME		-	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T proper	5.4 CiTY-ST-ZIP		The second second
TITLE		DELETÉ	61 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby ce	ertify that the information supplied wit	th this filing does not qualify for	the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further co	ertify that the information
officer or d	irector of the corporation or the recei	iver or trustee empowered to ex-	ecute this report as requ	re shall have the same legal effect as if made un pired by Chapter 607, Florida Statutes; and that i	my name appears in
BIOCK 12 0	r Block 13 if changed an oppan attec	nmen with an address.			