. FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE Jun 11 1998 8:00am CORPORATION Secretary ài State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000040329 Keith's Cuipoutry, Cabinets, and Supplies to a Mailing Address Principal Place of Business 303 Commerce Ct 303 Commerce Ct WINTER HAND PL33881 DO NOT WRITE IN THIS SPACE Winter Havan FC 33881 3. Date Incorporated or Qualified 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-3384238 Not Applicable 21 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 MLY DU City & State 6. Election Campsign Financing Trust Fund Contribution Added to Fees 23 Country Country Zip Ζiρ s. This corporation owes or has paid the current year intangible ☐ Yes Personal Property Tax due June 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SLOVER, WENDIL K Name 303 COMMERCE COSET Street Address (P.O. Box Number is Not Acceptable) WINDA HAVON FL 3378) 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 Fjorida. Such change was authorized by the corporation's poard of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. L K. SCOUER Pegistered Agent signature required with DENDALL SIGNATURE 2 d when re netaring? OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Slover Debra P. 303 Commerce Ct. Marco or DELETE Change Addition TITLE 11717 SLOUD , WENDAR IC NUME 1.2 NAME 303 COMMACE CURT WINTER HAVEN 11 3388 STREET ADDRESS 1.3 STREET ADDRESS Winter Haven, Fl. 33580 CITY-ST-Z# 1.4 CITY-ST-ZIP DELETÉ TITLE 2.1 TITLE Change ncitibbA 🔲 MALAF 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST- 2P 2.4 City-ST-ZIP DELETE TITLE 3.1 TITLE Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS City-St-ZIP 3 4. CITY - ST-ZIP THILE DELETE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-2P TITLE DELETE 5.1 TITLE Charge Addition 5.2 NAME STREET ADORESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - \$1 - ZIP TITLE DELETE 6.1 TITLE Chang Addition 3000025587 NAME 6.2 NAME -06/12/98--01087--013 STREET ADDRESS **6.3 STREET ADORESS** ***150.00

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 cath; that I am an officer or director of the corporation or the receiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, gr on an attenument with an address.

Wendall K. Slaver 1-8-98

CITY - ST- ZIP