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FILED

Apr 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000046091 (0)

1. Corporation Name

S & O CABINETS & INSTALLATIONS INC.



Principal Place of Business

1590 - 9TH AVE.
DELAND FL 32724

Mailing Address

1590 - 9TH AVE.
DELAND FL 32724

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1996

4. FEI Number

59-3400062

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 1433 N. ALABAMA AVE.

Suite, Apt. #, etc.

22

City & State

23 DELAND, FL

Zip

24 32724-2335

Country

25 VOLUSIA

2a. Mailing Address

26 1433 N. ALABAMA AVE.

Suite, Apt. #, etc.

27

City & State

28 DELAND, FL

Zip

29 32724-2335

Country

30 VOLUSIA

9. Name and Address of Current Registered Agent

OQUIN, SHELDON
1590 - 9TH AVE.
DELAND FL 32724

10. Name and Address of New Registered Agent

81 Name

OQUIN, SHELDON

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

1433 N. ALABAMA AVE.

83

84

City

DELAND

FL

85

Zip Code

32724

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

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 ☐ DELETE

D
NAME
OQUIN, SHELDON
STREET ADDRESS
1590 - 9TH AVE.
CITY-ST-ZIP
DELAND FL 32724

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

D
1.2 NAME
OQUIN, SHELDON
1.3 STREET ADDRESS
1433 N. ALABAMA AVE.
1.4 CITY-ST-ZIP
DELAND, FL. 32724-2335

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

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.

SHELDON OQUIN

(904)738-3686

CR2E034 (10/97)