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-PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000061597 (6)

FLORIDA KITCHEN DESIGNS, INC.

FILED Jan 27 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 2646 CHERYLE LANE PO BOX 3319 SARASOTA FL 34230 SARASOTA FL 34237 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/23/1996 4. FEI Number 2. Principal Place of Busines Applied For 677 N. 65-0685781 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ✓ Yes 25 29 30 Name and Address of Current Registered Agent Name and Address of New Registered Agent Name SEEDS, CLIFTON H 2646 CHERYLE LANE Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34237 84 City Zip Code and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ons A. Section 607, 0505, Florida Statutes. office or registered agent, agent. I am familiar with SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE ☐ Change Addition 1.1 TITLE TITLE NAME SEEDS, CLIFTON H 1.2 NAME 2646 CHERYLE LANE STREET ADDRESS 1,3 STREET ADDRESS SARASOTA FL 34237 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE **VSTD** SEEDS, BEVERLY A 2.2 NAME NAME 2646 CHERYLE LANE 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34237 2. 4 CITY - ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ___ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 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 poeiver 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 or any state ment with an address.