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Jun 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000073700 (2)

1. Corporation Name

ANTHONY MEASEL CABINETS, INC.

Principal Place of Business

HC 5, BOX 629
OLD TOWN FL 32628

Mailing Address

HC 5, BOX 629
OLD TOWN FL 32680-8036

3. Date Incorporated or Qualified

09/03/1996

3a. Date of Last Report

2. Principal Place of Business

21 Old Town FL

Suite, Apt. #, etc.

22 City & State

23 Old Town FL

Zip

24 32680

Country

25 Drive

2a. Mailing Address

26 HC 5 Box 629

Suite, Apt. #, etc.

27 City & State

28 Old Town FL

Zip

29 32680

Country

30 Drive

4. FEI Number

59-339-5713

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

MEASEL, ANTHONY O
HC 5, BOX 629
SCOTT THOMPSON ROAD
OLD TOWN FL 32628

10. Name and Address of New Registered Agent

81 Name

82 Measel Anthony O

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

84 HC 5 Box 629

85 Scott Thompson Rd

City

Old Town

FL

85 Zip Code

32680

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 Anthony O Measel

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

\$ 30.97

DATE

12. OFFICERS AND DIRECTORS

TITLE President
NAME Anthony O Measel
STREET ADDRESS HC 5 Box 629
CITY-ST-ZIP Old Town, FL
SCOTT THOMPSON RD

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
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

1.4 CITY-ST-ZIP

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 do 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

CR2E034 (9/96)