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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000084462 (6)

G & C CABINETRY, INC.

Principal Place of Business

Mailing Address

121 STEEPLE CHASE CIRCLE

121 STEEPLE CHASE CIRCLE

FILED May 05 1998 8:00am Secretary of State



	ORD FL 32771 SANFORD FL 32771			DO NOT WRITE IN THE BRACE	
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
					10/10/1996
2. Principal Place of Business	2a. Mailing Address				4. FEI Number Applied For
2. Principal Place of Business 21 1520 Dolgner Ol Suite 162	26 Same				59-3408929 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				SR 75 Additional
22 //	27				5. Certificate of Status Desired Fee Required
City & State	City & State				6. Election Campaign Financing \$5.00 May Be
Sanford Fl	28	٠			Trust Fund Contribution Added to Fees
ZiB 771 25 Severnole	Zip	\vdash	ountry	•	8. This corporation owes or has paid the current year Intangible
24 37 (25 SCNN NOVE 9. Name and Address of Current P	29	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	Aletolan Walli		81	Name	10, Name and Address of New Registered Agent
CANDELARIO, NELSON			Ĺ	THORITO	
121 STEEPLE CHASE CIRCLE SANFORD FL 32771			82	Street A	ddress (P.O. Box Number is Not Acceptable)
SANFORD FL 32// I			83		
			84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 a	nd 607.1508. Florida Statu	les, the	above	e-named c	corneration submits this statement for the nursose of changing its registered
office or registered agent, or both, in the State of	Florida Such change was	authoriz	ed by	the corpo	oration's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligation	ins of, Section 607.0505, F	onda Si	atutes	i.	
SIGNATURE Signature, typed or profited name of registered agent at	nd title if applicable (NO	f.: Register	ed Age	nt signature re	equired when reinstating) DATE
12. OFFICERS AND D		13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	DELETE	11	TITLE		Change Addition
NAME CANDELARIO, NELSON		12	NAME	İ	
STREET ADDRESS 121 STEEPLE CHASE CIRCLE			1.3 STREET ADDRESS		
CITY-ST-ZIP SANFORD FL 32771		1.4	CITY-S	T-ZIP	
TITLE	☐ DELETE	2.1	TITLE		Change Addition
NAME		2.21	NAME		
STREET ADDRESS		2.3	STREET	adoress	
CITY-ST-ZIP		2.4	CITY - S	ST - ZIP	
TITLE	☐ DELETE		3.1 TITLE		Change Addition
NAME		3.21	NAME	1	
STREET ADDRESS		3.3	STREET	ADDRESS	
CITY-ST-ZIP		3.4.	CITY- S	T-ZIP	
TITLE	[_] DELETE				Change Addition
NAME		4. 2	NAME		
STREET ADDRESS		4.3 \$	STREET	ADDRESS	
CITY-ST-ZIP			CITY-S	T-ZIP	
TITLE	☐ DELETE		TITLE	}	Change Addition
NAME		4	NAME		
		5.3 9	STREET	ADDRESS	
			CITY-S	r-ZIP	
STREET ADDRESS CITY-ST-ZIP	T COURTE		TITLE		Change Addition
CITY-ST-ZIP TITLE	☐ DELETE				
CITY-ST-ZIP TITLE NAME	DELETE	6.21	NAME		
CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ DELETE	6.2 I 6.3 S	STREET	address	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	6.2 f 6.3 5 6.4 0	STREET CITY-SI	1 - 21P	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with it	this filing does not qualify f	6.2) 6.3 9 6.4 (STREET CITY - ST	i-zip	in Section 119 07/3/(i) Florida Statutes I further certily that the information
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with it	this filing does not qualify formula report is true and accept or trustee empowered to	6.2) 6.3 9 6.4 (STREET CITY - ST	i-zip	