

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90184 013 ***150.00

DOCUMENT # P96000091635

1. Corporation Name
ADVANTAGE CARPENTRY AND CABINETS, INC.

Principal Place of Business
199 RIVERWOOD TRAIL
CHULUOTA FL 32766

Mailing Address
199 RIVERWOOD TRAIL
CHULUOTA FL 32766

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1996

4. FEI Number

59-3409655

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 13317 ST. RT. JJ

Suite, Apt. #, etc.

22 WEST PLAINS MO.

City & State

23

Zip Country

24 65775 25 MO

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

WALLS, RONALD D
199 RIVERWOOD TRAIL
CHULUOTA FL 32766

10. Name and Address of New Registered Agent

81 Name

G.M. MUNCE

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

641 BRYAN DR ST

83

84 City

ORLANDO

FL

85 Zip Code

32804

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 DPST

NAME WALLS, RONALD D

STREET ADDRESS 199 RIVERWOOD TRAIL

CITY-ST-ZIP CHULUOTA FL 32766

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

Ronald D. Walls

4/26/99

Date

Daytime Phone #

CR2E034 (11/98)

0087214