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Feb 09, 1999 8:00am  
Secretary of State

02-09-1999 90030 040 \*\*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999

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



DOCUMENT # P97000000335

Corporation Name  
DOUG'S CABINETS, INC.

Principal Place of Business  
8331 CONGRESS ST.  
PORT RICHEY FL 34668

Mailing Address  
8331 CONGRESS ST.  
PORT RICHEY FL 34668

21 Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

3. Date Incorporated or Qualified

01/02/1997

4. FEI Number

59-3422837

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 the current year Intangible Personal Property Tax

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUDWIG, DOUG C  
8331 CONGRESS ST.  
PORT RICHEY FL 34668

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
P  
LUDWIG, DOUG C.  
8209 PAPAYA ST  
PORT RICHEY FL 34668

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
VP  
LUDWIG, NADINE  
8209 PAPAYA ST  
PORT RICHEY FL 34668

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
S  
LUDWIG, DOUG C.  
8209 PAPAYA ST  
PORT RICHEY FL 34668

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
T  
LUDWIG, NADINE  
8209 PAPAYA ST  
PORT RICHEY FL 34668

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
P  
LUDWIG, DOUG C.  
8209 PAPAYA ST  
PORT RICHEY FL 34668

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
P  
LUDWIG, DOUG C.  
8209 PAPAYA ST  
PORT RICHEY FL 34668

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP  
Change Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DOUG C. LUDWIG 1-15-99 / 727-845-0400

Date

Daytime Phone #

945-0400

CR2E034 (1/98)