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

PROFIT **CORPORATION** ANNUAL REPORT

1998

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Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700023953 (7)
R. J. CHAPMAN CABINETMAKERS, INC.

**FILED** Mar 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							11861	11110 10101 911	
	W ACRES ROAD	1497 RAINBOW ACRES ROAD							
FERNANDINA	BEACH FL 32034	FERNANDINA BEACH FL 32034			DO HOT MUNITE IN THIS COLOR				
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 03/11/1997			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ar	oplied For
21 700 5	1708 SOUTH BTH ST. 28 SAME					59-3444874		N	eldapilqqA to
Suite, Apt. #, etc. Suite, Apt. #, etc.						- Contiliants of Status Desired		\$8.75	Additional
27						5. Certificate of Status Desired	Lud	Fee Ro	equired
City & State City & State						6. Election Campaign Financing	:	\$5.00	May Be
23 FERNANDINA BEACH FL28						Trust Fund Contribution		Added	to Fees
Zip	Country	Žip	Zip Cour			8. This corporation owes or has p	oald the curr	ent year Inf	tangible
24 320 2	25 USA	29	30			Personal Property Tax due June 30. Yes No			
	g. Name and Address of Current	Registered Agent		B1		10, Name and Address of New R	legistered A	gent	
Chapman, Richard J Sr.					Name				
1497 RAINBOW ACRES ROAD					Street Ad	dress (P.O. Box Number is Not Accepta	able)		
FERNANDINA BEACH FL 32034									
				83					
				84	City		F1	<b>85</b> Zip	Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607,1508, Florida Statut	es, the at	bove-	named co	orporation submits this statement for the	purpose of	changing it	ts registered
office or re	egistered agent, or both, in the State of	f Florida Such change was a	authorized	d by t	the corpor	orporation submits this statement for the ration's board of directors. I hereby according	ept the appo	intment as	registered
	lath. Ahaan	) / /	Jiloa biai			ا المسامات	MANAL	11. 4	ا وا
SIGNATURE	Signature, typed or mented name of projectered agent	and title # applicable (NOT	F Registered	d Apeni	EST-SU	Quired when reinstating)	7//WWX/	10, 7	<i>o</i>
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOF	RS IN 12
TITLE	PD	DELETE	1.1 TO	TLE				Change	☐ Addition
NAME	CHAPMAN, RICHARD J SR.		1.2 NAJ						
STREET ADDRESS	1497 RAINBOW ACRES ROAD		1.3 S		DORESS				
CITY-ST-ZIP	FERNANDINA BEACH FL 3203	4	1.40		.7IP				ł
TITLE	VPD	DELETE	2.1 TITLE					Change	Addition
NAME	CHAPMAN, RICHARD J JR.		2.2 NAME						,
STREET ADDRESS	2114 BELVEDERE AVE.		2.3 STREE		DORESS				
CITY-ST-ZIP	FERNANDINA BEACH FL 3203	4	2.4 CITY-ST-ZIP						ſ
TITLE	\$D	DELETE						Change	Addition
NAME	CHAPMAN, MARY ELLEN	<del></del>	3.2 NA		-		•		
STREET ADDRESS	1497 RAINBOW ACRES ROAD		3.3 STREET A		DDRESS				
CITY-ST-ZIP	FERNANDINA BEACH FL 3203	4	3.4. CITY - ST - ZIP						j
TITLE	TD DELETE			4.1 TITLE				Change	CJ Addition
NAME	CHAPMAN, CATHY			4. 2 NAME			•		
STREET ADDRESS	ADDRESS 2114 BELVEDERE AVE.			4.3 STREET ADDRESS					
	CITY-ST-ZIP FERNANDINA FL 32034			4.4 CITY-ST-ZIP					1
TITLE	DELETE			5.1 TITLE				Change	Addition
NAME			5.2 NAME		- 1		•		
STREET ADDRESS					DORESS				
					i	Ġ,			
CITY-ST-ZIP TITLE		DELETE		TY-ST	ZIF	<del></del>		Change	Addition
		- precie			1			THE VIOLEN	Lips Facultion
NAME			62 N						
STREET ADDRESS					DORESS				
CITY-ST-ZIP			6.4 CI	TY-ST-	ZIP				

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.

March 14, 98 904-321-1594