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FILED

Apr 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000046025 (7)

1. Corporation Name

APOLLO BEACH CABINETS, INC.



Principal Place of Business

Mailing Address

707 DEL WEBB BLVD

SUN CITY CENTER FL 33575

P.O. BOX 5869

SUN CITY CENTER FL 33571-5869

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1997

4. FEI Number

59-3465822

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 5811 U.S. Highway 41

Suite, Apt. #, etc.

22 City & State

23 Apollo Beach, Florida

24 Zip

33572

Country

25 U.S.A.

2a. Mailing Address

26 6509 Seabird Way

Suite, Apt. #, etc.

27 City & State

28 Apollo Beach, Florida

29 Zip

33572

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

PLYE, TERRENCE F  
707 DEL WEBB BLVD  
SUN CITY CENTER FL 33571-5869

10. Name and Address of New Registered Agent

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME ~~PYLE, TERRENCE F~~

STREET ADDRESS ~~707 DEL WEBB BLVD~~

CITY-ST-ZIP ~~SUN CITY CENTER FL 33575~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D V-P S T ☐ Change ☒ Addition

1.2 NAME JOHNSON, Shawn V.E.

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

6509 Seabird Way  
Apollo Beach, Florida 33572

2.1 TITLE D P ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

MICHEL, Timothy J.  
6509 Seabird Way  
Apollo Beach, Florida 33572

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 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

*Shawn V.E. Johnson*

CR2E034 (10/97)