

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 10, 1999 8:00 am
Secretary of State

05-10-1999 90280 001 ***150.00

DOCUMENT # P97000063999 ✓OK

1. Corporation Name

SCOTTS CABINETS, INC.

Principal Place of Business

9122 TUDOR DRIVE
UNIT M-102
TAMPA, FL. 33615

Mailing Address

9122 TUDOR DRIVE
UNIT M-102
TAMPA, FL. 33615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1997

2. Principal Place of Business

21 5998 115TH LANE N.

Suite, Apt. #, etc.

22

City & State

23 SEMINOLE, FL.

Zip

24 33772

Country

25 PINELLAS

2a. Mailing Address

26 5998 115TH LANE N.

Suite, Apt. #, etc.

27

City & State

28 SEMINOLE, FL.

Zip

29 33772

Country

30 PINELLAS

4. FEI Number

59-3460765

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

VIETH, SCOTT E.
9122 TUDOR DRIVE UNIT M-102
TAMPA, FL. 33615

10. Name and Address of New Registered Agent

81 Name VIETH, SCOTT E.
82 Street Address (P.O. Box Number is Not Acceptable)
83 5998 115TH LANE N.
84 City SEMINOLE FL 85 Zip Code 33772

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

SCOTT E. VIETH, PRES.

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 D ☐ DELETE
NAME VIETH, SCOTT E.
STREET ADDRESS 9122 TUDOR DRIVE, UNIT M-102
CITY-ST-ZIP TAMPA, FL. 33615

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 P ☒ Change ☐ Addition
1.2 NAME VIETH, SCOTT E.
1.3 STREET ADDRESS 5998 115TH LANE N.
1.4 CITY-ST-ZIP SEMINOLE, FL. 33772

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

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, with all other like empowered.

SIGNATURE:

Scott E. Vieth, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SCOTT E. VIETH, PRESIDENT

4-23-99

Date

Daytime Phone #

CR2E034 (1/98)