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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000089444

1. Corporation Name

HOLLEY'S CUSTOM CABINETS, INC.

## FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90062 023 \*\*\*150.00



Mailing Address Principal Place of Business 2404 MICHIGAN AVENUE 2404 MICHIGAN AVENUE PANAMA CITY FL 32405 PANAMA CITY FL 32405 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/01/1998 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country Žip Country Zip This corporation owes the current year Intangible **M**No Personal Property Tax. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GREEN, JIM Street Address (P.O. Box Number is Not Acceptable). 82 2404 MICHIGAN AVENUE PANAMA CITY FL 32405 83 加加加加 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, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ Addition DELETE 1.1 TITLE TITLE GREEN, JIM 1.2 NAME NAME 2404 MICHIGAN AVENUE 1.3 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32405 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Addition DELETE Change 2.1 TITLE TITLE GREEN, MARCEY 2.2 NAME NAME 2404 MICHIGAN AVENUE STREET ADDRESS 2.3 STREET ADDRESS PANAMA CITY FL 32405 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change } ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Addition ☐ Change □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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 ecceiver 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 a statute with an address, with all other like empowered.

SIGNATURE:

lim (green

CR2E034 (11/98)