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PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPGRATIONS FILED

Mar 03 1998 8:00am

Secretary of State

DOCUMENT # P97000093879 (9)

J & H CABINETS, WINDOWS & DOORS INC.

Principal Place of Business Mailing Address 879 SE MONTERERY RD UNIT 7 P O BOX 1476 STUART FL PORT SALERNO FL 34992 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/03/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0192381 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name URA. HENRY 4946 SE HORIZON AVE 82 Street Address (P.O. Box Number is Not Acceptable) PORT SALERNO FL 34992 83 84 Zip Code 11. Pursuant to the provision s 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 agi agent. I am familiar wit Int, 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 h, and accept the obligations of, Section 607,0505, Florida Statutes. -26-98 ENRY LIRA SIGNATURE (NOTE: Rugistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ■ DELETE Change Addition TITLE 1.1 TITLE JOYLEC. LIRA P.O. BOX 1475 N/P SEC. LIRA, HENRY 1.2 NAME NAME P O BOX 1475 1.3 STREET ADDRESS STREET ADDRESS PORT SALERNO FL 34992 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET AODRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY - ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE

14. I hereby certify that the information symplied 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 symplemental 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

6.2 NAME 6.3 STREET ADDRESS