

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
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90094 008 ***150.00

DOCUMENT # P98000053289

1. Corporation Name

NORRIS CABINETS, INC.



Principal Place of Business

ROUTE 1 BOX 156
JASPER FL 32052

Mailing Address

ROUTE 1 BOX 156
JASPER FL 32052

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1998

4. FEI Number

59-3526543

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

2. Principal Place of Business

2a. Mailing Address

21 **8163 SE 123RD AVE**

26 **8163 SE 123RD AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NORRIS, JIMMY C SR
ROUTE 1 BOX 156
JASPER FL 32052

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8151 SE 123RD AVE.

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **NORRIS, JIMMY C SR.**
STREET ADDRESS **ROUTE 1 BOX 156**
CITY-ST-ZIP **JASPER FL 32052**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **8151 SE 123RD AVE**
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **NORRIS, JIMMY C JR**
STREET ADDRESS **ROUTE 1 BOX 156**
CITY-ST-ZIP **JASPER FL 32052**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **9289 141ST LANE**
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **NORRIS, LOUISE E**
STREET ADDRESS **ROUTE 1 BOX 156**
CITY-ST-ZIP **JASPER FL 32052**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **8151 SE 123RD AVE**
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **NORRIS, MARCIA M**
STREET ADDRESS **9289 141ST LANE**
CITY-ST-ZIP **LIVE OAK FL 32080**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

Louise Norris **Louise Norris**

2-11-99

904-792-1319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)