PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 27, 1999 8:00 am Secretary of State 04-27-1999 90056 024 ***150.00

DOCUMENT # **S30923**

1. Corpora ion Name

R. AND K. CABINETS, INC.

	e of Business	Mailing Address						•	
1324 S. MAIN S BELLE GLADE	*	1324 S. MAIN STREET BELLE GLADE FL 33430					•		
US		US	=			DO NOT WRITE IN THIS SPACE			
					3.	Date Ir corporated or Qua 02/11/1991	ilifed		
2, Principal P	lace of Business	2a. Mailing Address			4.	FEI Number		A	pp ied For
21		26				65-0245076		N-	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	Outifulty of Status Design	ed 🗆	\$8.75	Additional
22		27			5.	Certificate of Status Desire	ea 🗀	Fee R	equired
City & S:at	te	City & State			6.	Election Campaign Finan	cing _	\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cour	itry	8.	This corporation owes the	e current year l		
24	25	29	30			Personal Property Tax.		✓ Yes	[]No
	9. Name and Address of Cur	rent Registered Agent				Name and Address of N	lew Registere	d Agent	
				81 Name	•				
	TON, CALVIN D			82 Street	Acdress (P	P.O. Box Number is Not Ac	cceptable)		
1324 S. MAIN STREET				- 0	(,				
BELL	LE GLADE FL 33430			83					
				84 City				. 85 Zip	Code
				,			F	Liii	
11. Pursuant	to the previsions of Sections 607.0	0502 and 607.1508, Florida Statut	es, the ab	ove-named	ccrporation	n submits this statement fo	or the purpose	of changing its	s registered
office.crr agent ⊦a	to the previsions of Sections 607.0 registered agent, or bo h, in the Sta im familiar with, and accept the ob-	ate of Florida. Such change was a ligation of Estion 607.0505, Flo	utnorizea rida Statu	by the corp tes.	ooration's Do	oard of cirectors, I hereby a	ассері ше ард	Ontinent as it	ey stereu
SIGNATURE	1010/1		4	13.	-99				
Olomation	Signature, typed or printed ris ne of registered	agent and title-if applicable. (NOT)	: Registered A	Agent signature	required when r	reinstating)	DATE		
12.		AND DIRECTORS	Registered A	Agent signature		reinstating) ADDITIONS/CHANGES TO			
	OFFICERS PD	<u> </u>						ND DIRECTO	OF:S IN 12
12.	OFFICERS	AND DIRECTORS	13.	E					
12. TITLE	PD HILL, H.E.	AND DIRECTORS	13. 1.1 TITL 1.2 NAM	E					
12. TITLE NAME	OFFICERS PD HILL, H.E.	AND DIRECTORS	13. 1.1 TITE 1.2 NAM 1.3 STE	.E ME					
12. TITLE NAME STREET ADDRESS	OFFICERS PD HILL, H.E. 1324 S MAIN ST	AND DIRECTORS	13. 1.1 TITE 1.2 NAM 1.3 STE	.E ME REET ADORESS Y-ST-ZIP					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, H.E. 1324 S MAIN ST BELLE GLADE FL VPDS	ANI) DIRECTORS	13. 1.1 TITU 1.2 NAM 1.3 STF 1.4 CIT	E ME REET ADORESS Y-ST-ZIP E				☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD HILL, H.E. 1324 S MAIN ST BELLE GLADE FL VPDS ALSTON, CALVIN D	ANI) DIRECTORS	13. 1.1 TITU 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITU 2.2 NAM	E ME REET ADORESS Y-ST-ZIP E				☐ Change	☐ Addition
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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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changes or

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS