

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S93158 (1)**

1. Corporation Name  
**ATLANTIC COAST CABINETS, INC.**



Principal Place of Business

Mailing Address

**8351 WESTPORT RD  
JACKSONVILLE FL 32244  
US**

**8551 WESTPORT RD  
JACKSONVILLE FL 32244  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **8351 Westport Road**

22 City & State

27 City & State

23 Zip Country

28 **Same** Zip Country

24

29 **Same** 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**11/12/1991**

3a. Date of Last Report  
**01/31/1995**

4. FEI Number

**59-3093296**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

**BASS, CECILE E.  
1301 GULF LIFE DRIVE  
SUITE 1500  
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name

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

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 of the person who is changing the registered office, name, or agent

(If the Registered Agent Signature is required when registering)

Date

12. OFFICERS AND DIRECTORS

1. TITLE **DP**  
2. NAME **TOWERS, WILLIAM B. JR.**  
3. STREET ADDRESS **8351 WESTPORT RD**  
4. CITY-ST-ZIP **JACKSONVILLE FL**  
5. TITLE **DVP**  
6. NAME **TOWERS, JOHN B.**  
7. STREET ADDRESS **8351 WESTPORT RD**  
8. CITY-ST-ZIP **JACKSONVILLE FL**  
9. TITLE **VP**  
10. NAME **DENHAM, BARRY**  
11. STREET ADDRESS **8351 WESTPORT RD**  
12. CITY-ST-ZIP **JACKSONVILLE FL**  
13. TITLE  
14. NAME  
15. STREET ADDRESS  
16. CITY-ST-ZIP  
17. TITLE  
18. NAME  
19. STREET ADDRESS  
20. CITY-ST-ZIP  
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58. NAME  
59. STREET ADDRESS  
60. CITY-ST-ZIP  
61. TITLE  
62. NAME  
63. STREET ADDRESS  
64. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition  
2. 2. NAME  
3. 3. STREET ADDRESS  
4. 4. CITY-ST-ZIP  
5. 5. TITLE ☐ Change ☐ Addition  
6. 6. NAME  
7. 7. STREET ADDRESS  
8. 8. CITY-ST-ZIP  
9. 9. TITLE ☐ Change ☐ Addition  
10. 10. NAME  
11. 11. STREET ADDRESS  
12. 12. CITY-ST-ZIP  
13. 13. TITLE ☐ Change ☐ Addition  
14. 14. NAME  
15. 15. STREET ADDRESS  
16. 16. CITY-ST-ZIP  
17. 17. TITLE ☐ Change ☐ Addition  
18. 18. NAME  
19. 19. STREET ADDRESS  
20. 20. CITY-ST-ZIP  
21. 21. TITLE ☐ Change ☐ Addition  
22. 22. NAME  
23. 23. STREET ADDRESS  
24. 24. CITY-ST-ZIP  
25. 25. TITLE ☐ Change ☐ Addition  
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27. 27. STREET ADDRESS  
28. 28. CITY-ST-ZIP  
29. 29. TITLE ☐ Change ☐ Addition  
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32. 32. CITY-ST-ZIP  
33. 33. TITLE ☐ Change ☐ Addition  
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36. 36. CITY-ST-ZIP  
37. 37. TITLE ☐ Change ☐ Addition  
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41. 41. TITLE ☐ Change ☐ Addition  
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57. 57. TITLE ☐ Change ☐ Addition  
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59. 59. STREET ADDRESS  
60. 60. CITY-ST-ZIP  
61. 61. TITLE ☐ Change ☐ Addition  
62. 62. NAME  
63. 63. STREET ADDRESS  
64. 64. CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a 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 change I, or on an attachment with an address.

SIGNATURE: **Barry Denham** **Barry Denham** **2-19-96** **904-356-8999**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)