

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 31 PM 1:52

DOCUMENT # **V24118** (4)  
1. Corporation Name  
**ST. PETE. KITCHEN CABINETS INC.**

Principal Place of Business Mailing Address  
**7001 HIBISCUS AVE S ST. PETERSBURG FL 33707**

DO NOT WRITE IN THIS SPACE.

|                                |             |                         |             |                                                                                                                                                  |                                                        |
|--------------------------------|-------------|-------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 2. Principal Place of Business |             | 2a. Mailing Address     |             | 3. Date Incorporated or Qualified<br><b>03/23/1992</b>                                                                                           | 3a. Date of Last Report<br><b>04/29/1994</b>           |
| 21                             |             | 26                      |             | 4. FEI Number<br><b>NOT APPLICABLE</b>                                                                                                           | Applied For<br><input type="checkbox"/> Not Applicable |
| 22. Suite, Apt. #, etc.        |             | 27. Suite, Apt. #, etc. |             | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                  |                                                        |
| 23. City & State               |             | 28. City & State        |             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                               |                                                        |
| 24. Zip                        | 25. Country | 29. Zip                 | 30. Country | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                                                                |  |  |  |                                                       |                              |    |             |
|--------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------|------------------------------|----|-------------|
| 9. Name and Address of Current Registered Agent                                |  |  |  | 10. Name and Address of New Registered Agent          |                              |    |             |
| <b>LACHANCE, JEAN PIERRE</b><br>7001 HIBISCUS AVE S<br>ST. PETERSBURG FL 33707 |  |  |  | 81 Name                                               | <i>Lachance Roger Albert</i> |    |             |
|                                                                                |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) | <i>7001 Hibiscus Ave S.</i>  |    |             |
|                                                                                |  |  |  | 83                                                    |                              |    |             |
|                                                                                |  |  |  | 84 City                                               | <i>St Petersburg</i>         | 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: *Roger A Lachance* DATE: *1-26-95*

| 12. OFFICERS AND DIRECTORS |                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | <b>P</b>                     | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>LACHANCE, ROGER A.</b>    | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>7001 HIBISCUS AVE S</b>   | 1.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            | <b>ST PETERSBURG FL</b>      | 1.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | <b>V</b>                     | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>LACHANCE, GERARD A.</b>   | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>7001 HIBISCUS AVE S</b>   | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            | <b>ST PETERSBURG FL</b>      | 2.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | <b>O</b>                     | 3.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LACHANCE, JEAN P.</b>     | 3.2 NAME                                              | <b>Delete</b>                                                                |
| STREET ADDRESS             | <b>7001 HIBISCUS AVE. S.</b> | 3.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            | <b>ST PETERSBURG FL</b>      | 3.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      |                              | 4.1 TITLE                                             |                                                                              |
| NAME                       |                              | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                              | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            |                              | 4.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      |                              | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                              | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                              | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            |                              | 5.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      |                              | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                              | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                              | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            |                              | 6.4 CITY - ST - ZIP                                   |                                                                              |

14. I do 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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Roger A Lachance* DATE: *1-26-95* FILE NUMBER: *3430161*