


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

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

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/23/1992**

4. FEI Number: **59-3106160** 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: **7001 Hibiscus Ave S**
 Suite, Apt. #, etc.: **AC**
 City & State: **St Petersburg FL**
 Zip: **33707** Country: **U.S.A.**

2a. Mailing Address: **7001 Hibiscus Ave S**
 Suite, Apt. #, etc.: **AC**
 City & State: **St Petersburg FL**
 Zip: **33707** Country: **U.S.A.**

9. Name and Address of Current Registered Agent:
LACHANCE, ROGER ALBERT
7001 HIBISCUS AVE S
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent:
 81 Name: _____
 82 Street Address (P.O. Box Number is Not Acceptable): _____
 83 _____
 84 City: _____ State: **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	P LACHANCE, ROGER A. 7001 HIBISCUS AVE S ST PETERSBURG FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> DELETE	V LACHANCE, GERARD A. 7001 HIBISCUS AVE S ST PETERSBURG FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> DELETE	S LACHANCE GEORGE H 7001 HIBISCUS AVE S ST PETERSBURG FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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.

SIGNATURE: *Roger A. Lachance* **3/30/98 83-343-0161**

CFR2E034 (10/97)