


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

FILED  
May 21 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> 1. Corporation Name <i>Tim's Custom Cabinets Inc.</i> <b>V31124</b>			
<b>Principal Place of Business</b> <i>416 E BrowNlee STARKE FL 32091</i>		<b>Mailing Address</b> <i>Rt 6 Box 1077 STARKE FL 32091</i>	
<b>2. Principal Place of Business</b> 21 <i>416 E BrowNlee</i> Suite, Apt. #, etc. 22 City & State 23 <i>STARKE FL</i> Zip 24 <i>32091</i>		<b>2a. Mailing Address</b> 26 <i>Rt 6 Box 1077</i> Suite, Apt. #, etc. 27 City & State 28 <i>STARKE FL</i> Zip 29 <i>32091</i> Country 30 <i>Bradford</i>	
<b>9. Name and Address of Current Registered Agent</b> <i>Timothy M. Thompson Rt 6 Box 1077 STARKE FL 32091</i>		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
<b>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.</b> SIGNATURE <i>Tim Thompson</i> DATE <i>5/11/97</i> <small>Signature, typed or printed name of registered agent and office if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE <i>President</i> <input type="checkbox"/> DELETE NAME <i>Timothy M. Thompson</i> <i>4/1/95</i> STREET ADDRESS <i>Rt 6 Box 1077</i> CITY-ST-ZIP <i>STARKE FL 32091</i>		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
<b>14. I do 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.</b>		<b>900002201729</b> <b>-06/04/97--01089--034</b> <b>***165.00</b>	
<b>SIGNATURE:</b> <i>Tim Thompson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>5/10/97</i> <b>904 964-4380</b> <small>Date Daytime Phone #</small>	

CR2E034 (9/96)