

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 # **V45383** (9)

1. Corporation Name

**DIXIE CABINET SUPPLY, INC.**



Principal Place of Business

**50 NE DIXIE HIGHWAY  
STE E-1  
STUART FL 34994  
US**

Mailing Address

**50 NE DIXIE HIGHWAY  
STE E-1  
STUART FL 34994  
US**

3. Date Incorporated or Qualified

**06/18/1992**

3a. Date of Last Report

**07/25/1995**

2. Principal Place of Business

21 **50 NE Dixie Hwy.**

2a. Mailing Address

26 **(Same as #2)**

4. FEI Number

**65-0333693**

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

22 **Suite E-1**

27 Suite, Apt. #, etc.

23 **Stuart, FL**

28 City & State

24 **34994** 25 **USA**

29 Zip 30 Country

9. Name and Address of Current Registered Agent

**KLEIN, GEORGE  
50 NE DIXIE HWY  
STE E-1  
STUART FL 34994**

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

**NO CHANGE**

**Apr. 15, 1996**

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>KLEIN, GEORGE</b>	
STREET ADDRESS	<b>4503 SE BEAVER LANE</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>KLEIN, CHRISTINE</b>	
STREET ADDRESS	<b>17N181 OAK GROVE DR.</b>	
CITY-ST-ZIP	<b>HAMPSHIRE IL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>KLEIN, LISA</b>	
STREET ADDRESS	<b>828 ADAMS ST.</b>	
CITY-ST-ZIP	<b>ELGIN IL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 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	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 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	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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	

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)(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 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, unchanged, or on an attachment with an address.

SIGNATURE:

**George F. Klein, President**

(Signature and typed or printed name of signing officer or director)

**Apr. 15, 1996 (407) 221-0966**

Date

Daytime Phone #

CR2E034 (12/95)