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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
50 NE DIXIE HWY E-1 STUART FL 34994 US	50 NE DIXIE HIGHWAY STE E-1 STUART FL 34994-1874 US

2. Principal Place of Business	2a. Mailing Address
21 50 NE Dixie Hwy	26 Same as # 2
Suite, Apt. #, etc. 22 E 1	Suite, Apt. #, etc. 27
City & State 23 Stuart FL	City & State 28
Zip / Country 24 34994 / 25 US	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 06/18/1992
3a. Date of Last Report: 05/01/1996
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

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: Klein, George
82 Street Address (P.O. Box Number is Not Acceptable): 50 NE Dixie Hwy
83 Suite E-1
84 City: Stuart FL 85 Zip Code: 34994

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 — 7/14/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KLEIN, GEORGE	1.2 NAME	
STREET ADDRESS	4503 SE BEAVER LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KLEIN, CHRISTINE	2.2 NAME	
STREET ADDRESS	17N181 OAK GROVE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPSHIRE IL	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KLEIN, LISA	3.2 NAME	
STREET ADDRESS	828 ADAMS ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ELGIN IL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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.

SIGNATURE: [illegible]