

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 # V46080

(0)

1. Corporation Name

CREATIVE CABINET FRONTS, INC.



Principal Place of Business

8286 WESTERN WAY CIR.
C2-B
JACKSONVILLE FL 32256

Mailing Address

8286 WESTERN WAY CIR.
C2-B
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified
06/19/1992

3a. Date of Last Report
05/16/1995

2. Principal Place of Business

21 4575 ST. AUGUSTINE RD

2a. Mailing Address

26 4575

4. FEI Number

59-3127560

Applied For

Not Applicable

Suite, Apt. #, etc.

22 -1

Suite, Apt. #, etc.

27 -1

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

23 JACKSONVILLE FL

City & State

28 JACKSONVILLE FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

24 32207

Country

25 US

Zip

29 32207

Country

30 US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WEATHINGTON, WILLIS
8286 WESTERN WAY CIR
C2-B
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name

WEATHINGTON, WILLIS

82 Street Address (P.O. Box Number is Not Acceptable)

4575-1 ST. AUGUSTINE RD.

83

84 City

JACKSONVILLE

FL

85

Zip Code

32207

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

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 P ☐ DELETE

NAME WEATHINGTON, WILLIS
STREET ADDRESS 8286 WESTERN WAY CIR C2B
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME WEATHINGTON, WILLIS

1.3 STREET ADDRESS 4575-1 ST. AUGUSTINE RD.

1.4 CITY-ST-ZIP JACKSONVILLE FL 32207

2.1 TITLE UP ☐ Change ☒ Addition

2.2 NAME WEATHINGTON, HAZEL

2.3 STREET ADDRESS 4575-1 ST. AUGUSTINE RD.

2.4 CITY-ST-ZIP JACKSONVILLE FL 32207

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME WEATHINGTON, SHANE

3.3 STREET ADDRESS 4575-1 ST. AUGUSTINE RD.

3.4 CITY-ST-ZIP JACKSONVILLE FL 32207

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

4-18-96 (404) 751-4006

Daytime Phone #

CR2E034 (12/95)