

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V62139** (3)

1. Corporation Name

INNOVATIONS IN CABINETRY & MILLWORK, INC.



Principal Place of Business

Mailing Address

**1481 KASTNER PLACE
LAKE MONROE FL 32747**

**P.O. BOX 281
LAKE MONROE FL 32747-0281**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

**TERBORG, EARNESTINE W.
403 QUAY ASSISI
NEW SMYRNA BEACH FL 32169**

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 607.1504, 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 of Registered Agent or Officer of the Corporation

Signature of Registered Agent or Officer of the Corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE **PD** ☐ DELETE

11.1 TITLE ☐ Change ☐ Addition

NAME **TERBORG, EARNESTINE W.**

12 NAME

STREET ADDRESS **403 QUAY ASSISI**

13 STREET ADDRESS

CITY-STATE-ZIP **NEW SMYRNA BEACH FL 32169**

14 CITY-STATE-ZIP

11.2 TITLE ☐ DELETE

11.2 TITLE ☐ Change ☐ Addition

NAME

21 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY-STATE-ZIP

24 CITY-STATE-ZIP

11.3 TITLE ☐ DELETE

11.3 TITLE ☐ Change ☐ Addition

NAME

31 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY-STATE-ZIP

34 CITY-STATE-ZIP

11.4 TITLE ☐ DELETE

11.4 TITLE ☐ Change ☐ Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY-STATE-ZIP

44 CITY-STATE-ZIP

11.5 TITLE ☐ DELETE

11.5 TITLE ☐ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-STATE-ZIP

54 CITY-STATE-ZIP

11.6 TITLE ☐ DELETE

11.6 TITLE ☐ Change ☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-STATE-ZIP

64 CITY-STATE-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: *E. Earnestine W. Terborg*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96 407-323-0990
Date Date of Filing

CR2E034 (12/95)