FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT ELOBIDA DEPARTMENT OF STATE Feb 02 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # H88674 (7)THE CABINET CORNER, INC. Principal Place of Business Mailing Address 426 WEST BAY DRIVE 426 WEST BAY DRIVE LARGO FL 34640 LARGO FL 34640 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/09/1985 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 59-2638801 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6, Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Country This corporation owes or has paid the ourrent year Intangible 24 29 30 Personal Property Tax due June 30. X Yes [] No 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 TEREPKA, ROY 426 WEST BAY DRIVE Я2 Street Address (P.I.). Box Number is Not Acceptable) **LARGO FL 34640** 83 84 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 (NOTE: Registered Agent signature required when reinstating शक्ताताल. Typed or printed name of registered agent and fitte if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELLIE t.t TiTL Change TEREPKA, EDWARD 1.2 NAME NAME: 426 W. BAY DRIVE STREET ADDRESS 1.3 STREET ADDRESS LARGO FL CITY - ST - ZIP 1.4 CITY-S1-ZIP DELETE Change Addition 21 IIIE unt TEREPKA, CLARICE NAME 2.2 NAME 426 W. BAY DRIVE STREET ADDRESS 2.4 STREET AUDRESS LARGO FL CHY-ST-7P 2.4 CITY-SI-ZIP Change STD DELETE 41 TITLE Addition TITLE TEREPKA, JANICE NAME ₹2 NAME 426 W BAY DR 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO FL 3,4 CITY-SI-ZiP DELETE Change \_\_\_ Addition ĎĎ 4 1 TITLE TITLE TEREPKA, ROY 4 2 NAME NAME STREET ADDRESS 426 W. BAY DRIVE 4 X STREET ADDRESS LARGO FL CITY - 51 - 71P 4 4 CITY-SI-ZIP DELETE Change Addition TITLE 5.1 TITLE TEREPKA, STEVE NAME 5.2 NAME 426 W BAY DR 5.3 STREET ADORESS STREET ADDRESS LARGO FL 54 CITY+ST-7IP CITY-ST-ZIP DFLETE Change Addition 6,1 TITLE 6.2 NAME NAME: STREET ADURESS 6.3 STREET ADDRESS

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SIGNATURE:

14. Thereby 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 sumual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under path; that I am an officer or director of the comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in slock 12 or Block 13 it changed, or on an attachment with an address.

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