

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000092720 (9)**

1. Corporation Name  
**CABINETS BY O'STEEN, INC.**



Principal Place of Business  
**4336 KNIGHT'S STATION RD  
LAKELAND FL 33809**

Mailing Address  
**4336 KNIGHT'S STATION RD  
LAKELAND FL 33809**

3. Date Incorporated or Qualified: **12/23/1994**  
3a. Date of Last Report: **04/04/1995**  
4. FLE Number: **59-3266384** 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

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country; 25  
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

**g. Name and Address of Current Registered Agent**

**O'STEEN, TIMOTHY D  
2331 D. R. BRYANT RD  
LAKELAND FL 33809**

**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 607.0117 and 607.1505, Florida Statutes, the above named corporation submits this document 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Timothy Daryl O'Steen*  
Signature and Typed or Printed Name of Signing Officer or Director

*President*  
Title

**4-5-96**  
Date

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | <b>D</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>O'STEEN, TIMOTHY D</b>  |                                 |
| STREET ADDRESS | <b>2331 D.R. BRYANT RD</b> |                                 |
| CITY, ST, ZIP  | <b>LAKELAND FL 33809</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  |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> DELETE |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY, ST, ZIP  |                            |                                 |

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY, ST, ZIP  |   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY, ST, ZIP  |   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY, ST, ZIP  |   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY, ST, ZIP  |   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY, ST, ZIP  |   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 64 CITY, ST, ZIP  |   |

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption state in Section 119.02(3)(a), 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: *Timothy D. O'Steen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-5-96**  
Date

CR2E034 (12/95)