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Feb 20, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000092720

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business
9010 HWY 98 NORTH
LAKELAND FL 33809
US

Mailing Address
9010 HWY. 98 NORTH
LAKELAND FL 33809
US

3. Date Incorporated or Qualified
12/23/1994

4. FEI 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

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9. 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

85 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	DELETED	Change	Addition
1.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2				
1.3				
1.4				
2.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2				
2.3				
2.4				
3.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2				
3.3				
3.4				
4.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2				
4.3				
4.4				
5.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2				
5.3				
5.4				
6.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2				
6.3				
6.4				

14. I 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, with all other like empowered.

SIGNATURE: *X David Osteen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (11/98)