

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90086 023 ***150.00

DOCUMENT # F93000003361

1. Corporation Name

NORWEST HOME IMPROVEMENT, INC.

Principal Place of Business

500 RIVERHILLS BUSINESS PARK
590
BIRMINGHAM AL 35242
US

Mailing Address

500 RIVERHILLS BUSINESS PARK
590
BIRMINGHAM AL 35242
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1993

4. FEI Number

76-0256232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1508, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE

NAME MANNING, WILLIAM R
STREET ADDRESS 500 RIVER HILLS BUSINESS PARK, STE 517
CITY-ST-ZIP BIRMINGHAM AL

TITLE VP ☐ DELETE

NAME OJEDA, JORGE M
STREET ADDRESS 500 RIVERHILLS BUSINESS PK STE 590
CITY-ST-ZIP BRIMINGHAM AL

TITLE TR ☐ DELETE

NAME AUSTIN, LEONARD
STREET ADDRESS 500 RIVERHILLS BUSINESS PK STE 590
CITY-ST-ZIP BIRMINGHAM AL

TITLE S ☐ DELETE

NAME ROBERSON, LYNNE J
STREET ADDRESS 500 RIVERHILLS BUSINESS PK STE 590
CITY-ST-ZIP BIRMINGHAM AL

TITLE D ☐ DELETE

NAME SIMPSON, KIRK
STREET ADDRESS 6TH AND MARQUETTE
CITY-ST-ZIP MINNEAPOLIS MN

TITLE D ☒ DELETE

NAME HEIN, WESLEY J
STREET ADDRESS 6TH AND MARQUETE
CITY-ST-ZIP MINNEAPOLIS MN

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)