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

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
Feb 05 1998 8:00am
Secretary of State

DOCUMENT # J70425 (0)

1. Corporation Name
ASSURED INTERIOR BUILDING SYSTEMS, INC.

Principal Place of Business	Mailing Address
C/O GEORGE G. WITTE 5714 JASON LEE PLACE SARASOTA FL 34233-0427	C/O GEORGE G. WITTE 5714 JASON LEE PLACE SARASOTA FL 34233-0427

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1987

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

4. FEI Number: 59-2782222 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WITTE, GEORGE G.
31 INLETS BOULEVARD
NOKOMIS FL 34275

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 607.0502 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WITTE, GEORGE G.		1.2 NAME	
STREET ADDRESS	31 INLETS BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL		1.4 CITY-ST-ZIP	
TITLE	PT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COURTS, GEORGE T.		2.2 NAME	
STREET ADDRESS	512 BAYVIEW AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL		2.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COURTS, ELIZABETH C.		3.2 NAME	
STREET ADDRESS	512 BAYVIEW AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL		3.4 CITY-ST-ZIP	
TITLE	AT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WITTE, PAMELA S.		4.2 NAME	
STREET ADDRESS	31 INLETS BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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.

SIGNATURE: GEORGE G. WITTE 1/30/98 (941) 921-4467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #