

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P97000080903 (2)**

1. Corporation Name

EXTERIOR SPECIALTIES, INC.



Principal Place of Business 1131 PINE AVE QUINCY FL 32351	Mailing Address P.O. Box 429 1131 PINE AVE QUINCY FL 32351
---	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1997

4. FEI Number

59-3464189

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

P.O. Box 429

P.O. Box 429

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Quincy FL

City & State
Quincy FL

Zip Country
32353 USA

Zip Country
32353 USA

9. Name and Address of Current Registered Agent

VENABLE, DONALD M
1131 PINE AVE
QUINCY FL 32351

10. Name and Address of New Registered Agent

81 Name

Tim Venable

82 Street Address (P.O. Box Number is Not Acceptable)

P.O. Box 124

83 **7609 County Rd 702 (Sumter County)**

84 City
Center Hill

85 Zip Code
FL 33514

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 **Donald M Venable**
Signature, typed or printed name of registered agent and title if applicable

Tim Venable
(NOTE: Registered Agent signature required when reinstating)

7-7-98
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VENABLE, DONALD M	
STREET ADDRESS	1131 PINE AVE	
CITY-ST-ZIP	QUINCY FL 32351	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	VENABLE, JAN T	
STREET ADDRESS	1131 PINE AVE	
CITY-ST-ZIP	QUINCY FL 32351	

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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD Venable, Donald M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	558 Priest Rd	
1.3 STREET ADDRESS	Attapulgus GA 31715	
1.4 CITY-ST-ZIP		

2.1 TITLE	STD Venable, Jan T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	558 Priest Rd	
2.3 STREET ADDRESS	Attapulgus, GA 31715	
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **Donald M Venable**

7-7-98 850-556-3986

CR2E034 (5/98)