FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000014238 (9)

1. Corporation Name

C & S WINDOW PARTS & SERVICES, INC.

Principal Place of Business: 5763 S TAMPA AVE, ORLANDO FL 32839

Mailing Address: 5763 S TAMPA AVE, ORLANDO FL 32839

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1992
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-3159484 ☐ 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: 1035 LANCASTER
22 Suite, Apt. #, etc.: SUITE 11
23 City & State: Orlando FL
24 Zip: 32809
25 County: Orange

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

9. Name and Address of Current Registered Agent

KEITZ, SCOTT A
5763 S TAMPA AVE
ORLANDO FL 32839

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 1008 Mack Avenue
83
84 City: Orlando FL 85 Zip Code: 32805

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	☒ Change ☐ Addition
NAME	KEITZ, SCOTT A	1 NAME	
STREET ADDRESS	~~5763 S TAMPA AVE~~	1 STREET ADDRESS	1008 Mack Avenue
CITY-ST-ZIP	ORLANDO FL ~~32839~~	1 CITY-ST-ZIP	Orlando FL 32805
TITLE	D	2 TITLE	☒ Change ☐ Addition
NAME	KEITZ, CHARLES E	2 NAME	
STREET ADDRESS	~~5763 S TAMPA AVE~~	2 STREET ADDRESS	2419 PINEWAY
CITY-ST-ZIP	ORLANDO FL 32839	2 CITY-ST-ZIP	Orlando FL 32839
TITLE	D	3 TITLE	☒ Change ☐ Addition
NAME	KEITZ, ANNA E REMOVE	3 NAME	
STREET ADDRESS	5763 S TAMPA AVE	3 STREET ADDRESS	~~2419 Pineway~~
CITY-ST-ZIP	ORLANDO FL 32839	3 CITY-ST-ZIP	~~Orlando FL 32839~~
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Scott Keitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/95 (Date) 855-1953 (Daytime Phone #)

0065391 CP