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

FILED
Jan 27 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 # 170001 (2)

1. Corporation Name
FLORIDA AWNING, GLASS & SCREENING CO., INC.

Principal Place of Business	Mailing Address
480 S. MARKET AVE. P.O. BOX 454 FT. PIERCE FL 34982-6642	480 S. MARKET AVE. P.O. BOX 454 FT. PIERCE FL 34982-6642

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/11/1952

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: 59-0683565 ☐ 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

THOMPSON, EDWARD SCOTT
903 ELYSE CIR
PORT ST LUCIE FL 34983

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P THOMPSON, MARTIN CLAY 2610 SUNRISE BLVD FT. PIERCE FL	☒ DELETE	1.1 TITLE / 1.2 NAME 2 / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT THOMPSON, EDWARD SCOTT 903 ELYSE CIRCLE PORT SAINT LUCIE, FL. 34952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V THOMPSON, EDWARD SCOTT 903 ELYSE CIR PORT ST LUCIE FL	☒ DELETE	2.1 TITLE / 2.2 NAME 1 / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE PRESIDENT THOMPSON, GWENDA LEE 903 ELYSE CIRCLE PORT SAINT LUCIE, FL. 34952	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST THOMPSON, EDDIE MARY E. 2610 SUNRISE BLVD FT. PIERCE FL	☒ DELETE	3.1 TITLE / 3.2 NAME 3 / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SECRETARY/TREAS. ALLEN, MAUREEN JANE 6707 CITRUS PARK BLVD FORT PIERCE, FL. 34951	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] EDWARD SCOTT THOMPSON 1/15/98 PRESIDENT