

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**  
**Feb 17, 1999 8:00am**  
**Secretary of State**

02-17-1999 90100 032 \*\*\*150.00

DOCUMENT # **265940**

1. Corporation Name

**AMERICAN PANEL CORPORATION**

Principal Place of Business

**5800 SE 78TH STREET  
OCALA FL 34472  
US**

Mailing Address

**5800 SE 78TH STREET  
OCALA FL 34472  
US**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** Zip Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** Zip Country

9. Name and Address of Current Registered Agent

**DUNCAN, DANNY E.  
1951 SE 52ND COURT  
OCALA FL 34471**

3. Date Incorporated or Qualified

**01/08/1963**

4. FEI Number

**59-0999017**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **ST**  
STREET ADDRESS **DUNCAN, LAURA G.**  
CITY-ST-ZIP **1951 SE 52ND COURT  
OCALA, FL 00000**

TITLE ☐ DELETE

NAME **P**  
STREET ADDRESS **DUNCAN, DANNY E**  
CITY-ST-ZIP **1951 SE 52ND COURT  
OCALA, FL 00000**

TITLE ☐ DELETE

NAME **C**  
STREET ADDRESS **DUNCAN, MARVIN L**  
CITY-ST-ZIP **621 SE 45TH TERRACE  
OCALA FL**

TITLE ☐ DELETE

NAME **V**  
STREET ADDRESS **LEWIS, HARMON S.**  
CITY-ST-ZIP **1938 SE CLATTER BRIDGE ROAD  
OCALA FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS

TITLE ☐ DELETE

NAME  
STREET ADDRESS

13.

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: **Danny E. Duncan** President

01/21/99

352-245-7055

Date

Daytime Phone #

CR2E034 (11/98)