

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  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90042 012 \*\*\*150.00

DOCUMENT # 430830

1. Corporation Name

CENTRAL FLORIDA WINDOW PRODUCTS, INC.

Principal Place of Business

1841 W FAIRBANKS AVE.  
WINTER PARK FL 32789

Mailing Address

1841 W FAIRBANKS AVE.  
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1973

4. FEI Number

59-1470108

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

WITTEN, EDWARD J.  
SUITE 1105, AMERICAN HERITAGE LIFE BLDG.  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

Barbara A. McNatt

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

395 Palmetto Street

83

84 City

Oviedo

FL

85 Zip Code

32765

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 S  
NAME ANDERSON, MARGARET  
STREET ADDRESS 1841 W FAIRBANKS AVE  
CITY-ST-ZIP WINTER PARK, FL 32789

DELETE

TITLE D  
NAME HIPPS, JERRY  
STREET ADDRESS 6177-1 KINGSLEY LAKE DR  
CITY-ST-ZIP STARKE FL 32091

DELETE

TITLE P  
NAME ANDERSON, ROY E  
STREET ADDRESS 1841 W FAIRBANKS AVE  
CITY-ST-ZIP WINTER PARK, FL 32789

DELETE

TITLE P, S  
NAME Robert Anderson  
STREET ADDRESS 1248 Balmy Beach Drive  
CITY-ST-ZIP Apopka, FL 32703

DELETE

TITLE V.P., T  
NAME Barbara A. McNatt  
STREET ADDRESS 395 Palmetto Street  
CITY-ST-ZIP Oviedo, FL 32765

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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

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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

Date

(407) 644-3438

Daytime Phone #

CR2E034 (1/98)