

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 JAN 18 AM 8:15**

**DOCUMENT # 626103**

**(6)**

1. Corporation Name

**A-ACME SCREEN AND WINDOW, INC.**

Principal Place of Business

**1941 N. DIXIE HWY.  
POMPANO BEACH FL 33060**

Mailing Address

**1941 N. DIXIE HWY.  
POMPANO BEACH FL 33060**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/14/1979**

3a. Date of Last Report

**01/20/1994**

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

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Suite, Apt. #, etc.

City & State

23

Zip

Country

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City & State

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Zip

Country

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4. FEI Number

**59-1920596**

Applied For

Not Applicable

5. Certificate of Status Expires

**\$8.75**

Additional Fee Required

6. Election Campaign Financing

**\$5.00**

May Be Added to Fees

8. This corporation has liability for intangible tax under 35, 100, 1000, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**DUNN, DUSTIN C.  
9198 NW 21ST STREET  
CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number, Not Applicable)

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 the 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

**DUSTIN C. DUNN, PRES**

Signature of (agent or printed name of registered agent and title if applicable)

(If 211 Registered Agent (agent or printed name and title if applicable)

**1-12-95**

12. OFFICERS AND DIRECTORS

12.1

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**VS  
DUNN, CLAIRE L.  
9198 NW 21ST STREET  
CORAL SPRINGS FL**

12.2

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**PT  
DUNN, DUSTIN C.  
9198 NW 21ST STREET  
CORAL SPRINGS FL**

12.3

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.4

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.5

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.7

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If 13.1)

13.1

NAME

13.2

NAME

13.3

NAME

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NAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 13.142, 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 be in the same legal effect as if made in person. I am an officer or director of the corporation or its successor or its authorized representative to execute this report as required by Chapter 142, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in Block 14 if new, with an address.

SIGNATURE:

**DUSTIN C. DUNN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-12-95**

**305-946-2263**