## 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.

## DOCUMENT # 666764 1. Corporation Name

## SHOWER DOOR OF SOUTHWEST FLORIDA, INC.

60°C
M.

**FILED** Feb 10, 1999 8:00am **Secretary of State** 

02-10-1999 90008 039 \*\*\*150.00

		<b>*</b>	3.c	,			
Principal Pla	ce of Business	Mailing Address				01011 91811 \$1\$11 \$1\$11	
16051 O'NEAL DR. 16051 PINTO RD. N FT MYERS FL 33903 N FT MYERS FL 3390 US					DO NOT WRITE IN	THIS SPACE	<i>2</i> %
					3. Date Incorporated or Qualifed 04/15/1980		
2. Principal (	Place of Business	2a. Mailing Address	Mailing Address		4. FEI Number	A	pplied For
21		26			59-2030682		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired   \$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current ye	ar Intangible	,
24 .	25	29	30		Personal Property Tax.	. ☐ Yes	⊠No .
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Regist	ered Agent	
C* **	;			81 Name			
160	ith, Henry O, 51 O'Neal Dr.			82 Street Addi	ress (P.O. Box Number is Not Acceptable)		
N FT MYERS FL 33903				83			
				84 City	र्गा के किया करके हैं। विशेषी संस्था के किया के सिर्माण की स्थाप	85 Ziố	Code 19-1 - EVI
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE: AND DIRECTORS	Registered	Agent signature require	d when reinstating) DA ADDITIONS/CHANGES TO OFFICER		DRS IN 12
TITLE	P	☐ DELETE	1.1 TIT	LE		☐ Change	Addition
NAME	SMITH, HENRY O.		1.2 NA	ME	e Monaret (eMonaret	_ •	
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NAME			C 0 MA4	,c	•		
STREET ADDRESS			6.2 NA	ME BEET ADDRESS			

6.4 CITY-ST-ZIP 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 either like empowered.

SIGNATURE: