

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

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90028 033 \*\*\*150.00

US 184306

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 676704

1. Corporation Name  
ALL TYPE WEATHER PROTECTION, INC.



Principal Place of Business: 3481 S. 25TH ST. FT. PIERCE FL 34981-2405  
Mailing Address: 3481 S. 25TH ST. FT. PIERCE FL 34981-2405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1980  
4. FEI Number: 59-2021442  
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: 4885 River Oak Ln.  
2a. Mailing Address: 4885 River Oak Ln.  
23. City & State: Ft. Pierce, FL  
24. Zip: 34981

9. Name and Address of Current Registered Agent  
DAVIS, DALE  
4885 RIVER OAK LANE  
FT. PIERCE FL 34981

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 and hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

Table with 12 rows and 2 columns: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: PDV, DAVIS, DALE W., 4885 RIVER OAK LANE, FT. PIERCE FL.

Table with 12 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows 1-12 are empty.

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: [Signature] 4-7-99 561 465-7721  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)