

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 688585

1. Corporation Name

LOCKLIN ALUMINUM & SCREEN, INC.

Principal Place of Business

3501 NW 10th Avenue
Ft. Lauderdale, FL 33309

Mailing Address

3501 NW 10th Avenue
Ft. Lauderdale, FL 33309

APPROVED
AND
FILED

95 MAY -1 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9/23/80

3a. Date of Last Report

3/16/93

4. FEI Number

59-2028740

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 has liability for intangible tax under S. 199.032
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Osincki, Val L.
10191 West Sample Road
Coral Springs, FL 33065

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

Sheri A. Locklin

4-28-95

Signature typed or printed name of registered agent (not the corporation)

(NOT) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE D/V/P
NAME Locklin, Bill
STREET ADDRESS 5520 F Coach House Cir.
CITY ST ZIP Boca Raton, FL

TITLE S/T
NAME Locklin, Sheri
STREET ADDRESS 5520 F Coach House Cir.
CITY ST ZIP Boca Raton, FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

T.O. 5/10/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

Sheri A. Locklin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 305 5856162