FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **842488** **(9)**

1. Corporation Name
SPRINGS WINDOW FASHIONS DIVISION, INC.

Principal Place of Business	Mailing Address
7549 GRABER ROAD MIDDLETON WI 53562	P. O. BOX 111, TAX DEPT. LANCASTER SC 29721 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1979	3a. Date of Last Report: 05/01/1994
4. FEI Number: 36-2998685	☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	O'CONNOR, THOMAS P	12 NAME	LANCE DEVEREAUX
STREET ADDRESS	205 N. WHITE ST.	13 STREET ADDRESS	7549 GRABER ROAD
CITY ST ZIP	FT. MILL SC	14 CITY ST ZIP	MIDDLETON WI 53562
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, ROBERT W.	22 NAME	
STREET ADDRESS	205 N WHITE ST.	23 STREET ADDRESS	
CITY ST ZIP	FORT MILL SC	24 CITY ST ZIP	
TITLE	VSD	31 TITLE	☐ Change ☐ Addition
NAME	DORSETT, C POWERS	32 NAME	
STREET ADDRESS	205 N. WHITE ST.	33 STREET ADDRESS	
CITY ST ZIP	FORT MILL SC	34 CITY ST ZIP	
TITLE	VT	41 TITLE	☐ Change ☐ Addition
NAME	ZAHRN, JAMES	42 NAME	
STREET ADDRESS	205 N. WHITE ST.	43 STREET ADDRESS	
CITY ST ZIP	FORT MILL SC	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	KELBLEY, STEPHEN P	52 NAME	
STREET ADDRESS	205 N. WHITE ST.	53 STREET ADDRESS	
CITY ST ZIP	FT. MILL SC	54 CITY ST ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	THEESFELD, TIMOTHY L	62 NAME	
STREET ADDRESS	1100 GRACE AVE/HWY 9	63 STREET ADDRESS	
CITY ST ZIP	LANCASTER SC	64 CITY ST ZIP	

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 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.

SIGNATURE: Timothy L Theesfeld **Assistant Treasurer** 4-28-95 803/286-3478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0842488 FN