

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 842488 (9)
1. Corporation Name
SPRINGS WINDOW FASHIONS DIVISION, INC.

Principal Place of Business
7549 GRABER ROAD
MIDDLETON WI 53562

Mailing Address
P. O. BOX 111, TAX DEPT.
LANCASTER SC 29721
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1979

4. FEI Number

36-2998685

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME DEVEAREUX, LANCE
STREET ADDRESS 7549 GRABER ROAD
CITY-ST-ZIP MIDDLETON WI

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME SULLIVAN, ROBERT W.
STREET ADDRESS 205 N WHITE ST.
CITY-ST-ZIP FORT MILL SC

2.1 TITLE ☐ Change ☐ Addition

TITLE VSD ☐ DELETE

NAME DORSETT, C POWERS
STREET ADDRESS 205 N. WHITE ST.
CITY-ST-ZIP FORT MILL SC

3.1 TITLE ☐ Change ☐ Addition

TITLE VI ☐ DELETE

NAME ILARDO, SAMUEL J
STREET ADDRESS 205 N. WHITE ST.
CITY-ST-ZIP FORT MILL SC

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME KELBLEY, STEPHEN P
STREET ADDRESS 205 N. WHITE ST.
CITY-ST-ZIP FT. MILL SC

5.1 TITLE ☐ Change ☐ Addition

TITLE AT ☐ DELETE

NAME THEESFELD, TIMOTHY L
STREET ADDRESS 136 GRACE AVENUE HWY 9
CITY-ST-ZIP LANCASTER SC

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE:

Timothy L Theesfeld

April 14, 1998 803/286-2478

CR2E034 (10/97)