## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # F9500003429 (6)

AWNINGS UNLIMITED, INC.

Principal Place of Business

Mailing Address

Ď



FILED 97 JUL 24 AN 8:30

SSEE, FLORIDA



94 E. Saunders RD Othan al 36301		584 E. SAUNDERS RD DOTHAN AL 36301				DO NOT WRITE	IN THIS SPAC	E	
						3. Date Incorporated or Qualified 07/17/1995	3a. Date of 03/19/	•	
Principal Place of Business		2a. Mailing Address				4. FEI Number		Applied For	
		26				63-0962817	•	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1	.75 Additional Fee Required	
City & State		City & State				Election Campaign Financing     Trust Fund Contribution		5.00 May Be	
Zip	Country 25	Z(p <b>29</b>	30 Cou	intry		This corporation owes or has paid     Personal Property Tax due June	<b>–</b> ′	×	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
	TER, CATHY WAUKESHA ST			81	Name				
	AY FL 32425				2 Street Address (P.O. Box Number is Not Acceptable)				
				83		17.80			
				84	City		FI 85	Zip Code	

11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-named corporation

office or re agent. I ar	egi <b>ster</b> ed agent, or both, in the State of Fforida. S m f <b>am</b> lliar with, and accept the obligations of, Sec	uch change was a tion 607.0505, Flo	uthorized by the corpora rida Statutes.	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE				
	Signature, typed or printed name of registered agent and title if appl		: Registered Agent signature requ	
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CP	☐ DELET <b>E</b>	1.1 TITLE	Change Addition
NAME	BARTHOLOMEW, CURTIS L		1.2 NAME	
STREET ADDRESS	6753 HODGESVILLE RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL 38301		1.4 CITY-ST-ZIP	
TITLE	VCVS	DELETE	2.1 TITLE	Change Addition
NAME	BARTHOLOMEW, CYNTHIA		2.2 NAME	100002252571 — 4 — 100002252571 — 4 — 100002252571 — 4 — 10005
STREET ADDRESS	6753 HODGESVILLE RD		2.3 STREET ADDRESS	-97/30/3701034605 ****165.00 ****165.00
CITY-ST-ZIP	DOTHAN AL 38301		2.4 CITY-ST-ZIP	**************************************
TITLE.		DELETE	3.1 TITLE	Change Addition
NA/E	BARTHOLOMEW, CYNTHIA		3.2 NAME	·
STREET ADORESS	6753 HODGESVILLE RD		3.3 STREET ADDRESS	
CTTY-ST-ZIP	DOTHAN AL 36301		3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	/ <i>P</i> \$X / 1
STREET ADDRESS			6.3 STREET ADDRESS	
P				111

CITY-ST-ZIP

14. I do 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 Buck 13 if changed, or on an attachment with an address.





## AWNINGS UNLIMITED, INC.

584 East Saunders Road, Dothan, AL 36301 Phone/Fax: (334)794-7933

## Memo

To: Florida Department of State, Division of Corporations, Annual Report Section

From: Cynthia Bartholomew

Date: July 21, 1997

Re: Acct: F95000003429 (6)

## Comments:

Please accept the filing of our original return mailed on March 5, 1997 along with Check #7358 which is listed as outstanding to date. I have enclosed a copy of the first form I filed for verification that it was indeed sent. I have signed the 2<sup>nd</sup> notice you mailed for the original signature required. I have issued a new check #8411 for the \$165.00 filing fee. Please accept this as proper filing requirements. I filed on schedule. I do not know why it was not received.

I apologize for the inconvenience, and thank you in advance for your cooperation. If you have any questions, please call me at (334)794-7933. Thanks again.