

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90039 018 ***150.00

DOCUMENT # F98000000750

1. Corporation Name

AMERICAN HOME EXTERIOR CORPORATION

Principal Place of Business

102 B NIGHTINGALE LN.
GULF BREEZE FL 32501

Mailing Address

102 B NIGHTINGALE LN.
GULF BREEZE FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1998

4. FEI Number

59-3479031

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 102 B NIGHTINGALE LANE

Suite, Apt. #, etc.

22 City & State

23 GULF BREEZE, FL

Zip

24 32561 25 USA

2a. Mailing Address

26 102 B NIGHTINGALE LANE

Suite, Apt. #, etc.

27 City & State

28 GULF BREEZE, FL

Zip

29 32561 30 USA

9. Name and Address of Current Registered Agent

GENKIN, FRED
3415 NORTH S STREET
PENSACOLA FL 32505

10. Name and Address of New Registered Agent

81 Name FRED GENKIN

82 Street Address (P.O. Box Number is Not Acceptable)

102 B NIGHTINGALE LANE

83

84 City GULF BREEZE

FL

85 Zip Code 32561

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 FRED GENKIN

(NOTE: Registered Agent signature required when reinstating)

1/4/99
DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME GENKIN, FRED
STREET ADDRESS 1625 BULEVAR MAYOR #F5
CITY-ST-ZIP PENSACOLA FL

TITLE V
NAME IKNERE, THOMAS J
STREET ADDRESS 309 EDGEWATER DR
CITY-ST-ZIP PENSACOLA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME GENKIN, FRED
1.3 STREET ADDRESS 4361 MARILYN CT.
1.4 CITY-ST-ZIP GULF BREEZE, FL 32561

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99
Date

(850) 916-7818
Daytime Phone #

CR2E034 (11/98)