

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90243 046 ***150.00

DOCUMENT # G37432

1. Corporation Name

SUPERIOR TRIM & DOOR, INC.

Principal Place of Business

% KEITH B. LEMIEUX
1897 HIGH STREET
LONGWOOD FL 32750-3721

Mailing Address

% KEITH B. LEMIEUX
1897 HIGH STREET
LONGWOOD FL 32750-3721

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1983

4. FEI Number

59-2286809

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

7. Trust Fund Contribution ☐

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEMIEUX, KEITH B.
1897 HIGH STREET
LONGWOOD FL 32950

81 Name

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

83

84 City

FL

85 Zip Code
32750

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 LEMIEUX, KEITH B.
STREET ADDRESS 130 W. PANAMA RD.
CITY-ST-ZIP WINTER SPRINGS FL

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME KEITH B. LEMIEUX
1.3 STREET ADDRESS 1897 HIGH STREET, LONGWOOD, FL 32750
1.4 CITY-ST-ZIP

TITLE DS ☒ DELETE
NAME LEMIEUX, CATHERINE
STREET ADDRESS 130 W. PANAMA RD.
CITY-ST-ZIP WINTER SPRINGS FL PLEASE DELETE

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

TITLE VPC ☒ DELETE
NAME ISON, MICHEAL
STREET ADDRESS 1897 HIGH ST
CITY-ST-ZIP LONGWOOD FL PLEASE DELETE

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

TITLE VPGM ☒ DELETE
NAME BUZZELLA, DAVID
STREET ADDRESS 1897 HIGH ST
CITY-ST-ZIP LONGWOOD FL PLEASE DELETE

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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

Date

Daytime Phone #

CR2E034 (11/98)