

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90087 030 ***150.00

DOCUMENT # G66141

1. Entity Name

A.B.C. AWNING & CANVAS CO., INC.

Principal Place of Business

Mailing Address

638 WASHBURN RD
 MELBOURNE FL 32934
 US

638 WASHBURN RD
 MELBOURNE FL 32935-5509
 US

2. Principal Place of Business

3. Mailing Address

2270 Avocado Avenue

2270 Avocado Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Melbourne Fl

Melbourne, Fl

Zip

Country

Zip

Country

32935

USA

32935

USA

4. FEI Number

59-2334557

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOUGLAS D. MARKS
700 SOUTH BABCOCK STREET
SUITE 400
MELBOURNE FL 32901

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **DP**
 STREET ADDRESS **MCNAY, RUE W.**
 CITY-ST-ZIP **638 WASHBURN RD**
MELBOURNE FL 32934

TITLE Change Addition
 NAME
 STREET ADDRESS **2270 Avocado Avenue, Melbourne, Fl**
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *W. McNay* 03/24/2000 (321) 253-1960
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)