Proposit Place of Business 80 STH Act WEST ANAETTO FLAVOR 80 STH ACT WEST 80 S	 Entity Nam 	MENT # H45312 Y WINDOW CO., INC.	2	FILED Jan 12, 2001 8:00 am Secretary of State			
PALMETTO R. 3021 2. Principal Place of Susiness 3. Molling Address Surfa, Agr. 4, etc. DO NOT WRITE IN THIS SPACE City 6. State City 6. State City 6. State Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country S. Certificate of Status Desired S. Name and Address of Current Registered Agend Name Read Address of Status Desired S. Name and Address of Current Registered Agend Name Read Address of Status Desired S. Name and Address of Current Registered Agend Name Read Address of Status Desired S. Name and Address of Current Registered Agend Name Read Address of Disks Name and Address of Status Desired S. Name and Addre	Principal Plac	ce of Business	Mailing Address		01-12-2001	90010 035 ***150	0.00
Surite, Apt. #, etc. City & States							
Surite, Apt. #, etc. City & States	2. Principal P	Place of Business	3. Mailing Address				
No. Application Section Sectio	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				
### Address of Country	City & State	e	City & State		4. FEI Number 59-2505634	- 	
MATTHEWS, D. TURNER 2820 MANATEE AVE W BRADENTON FL 33505 City FL Zip Code City FL Zip Code 6. The above named only submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Signature: Signature	Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Addition	
MATHEWS, D. TURNER 2620 MANATEE AVE W BRADENTON FL. 33505 City FL Zip Code Compary Flanching St. On St. D.		6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Regis		
B. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. SIGNATURE Signature, lysed or prised ram of registered agent and to a registered agent, or both, in the State of Florida. SIGNATURE Signature, lysed or prised ram of registered agent and to a registered. (NOTE Registered Agent is prisure required when revisioning) Tax Illing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 This MAKE SITEST ADDRESS CITY-ST-79 THE AMAGE SITE	2620	MANATEE AVE W		Street Addre	ss (P.O. Box Number is Not Acceptable)	FL Zip Code	
RUPERT, JERRY C 310 25TH AVE. W. PALMETTO FL VST RUPERT, KATHY A 310 25TH AVE. W. PALMETTO FL VST RUPERT, KATHY A 310 25TH AVE. W. PALMETTO FL TILE RUPERT, KATHY A 310 25TH AVE. W. PALMETTO FL TILE NAME SIRRET ADDRESS CITY-ST-ZIP TILE NAME SIRRET ADDRESS	GIGNATURE	Signature, typed or printed name of registered age praction is eligible to satisfy its Intangible requirement and elects to do so.	ont and title if applicable. (NO FILE NOW After MAY 1, 2	OTE: Registered Agent signature rec V!!! FEE IS \$150.00 2001 Fee will be \$550.0	utired when reinstating) 10. Election Campaign Financi Trust Fund Contribution.	DATE	
THEET ADDRESS THEET ADDRESS TITLE THEE	11.	OFFICERS AN			ADDITIONS/CHANGES TO OFFICE		111
RUPERT, KATHY A 810 25TH AVE. W. PALMETTO FL TITLE MANE IRRET ADDRESS IRRET ADDRESS CITY-ST-ZIP TITLE MANE MANE IRRET ADDRESS CITY-ST-ZIP TITLE MANE		RUPERT, JERRY C	☐ Delete	NAME		Change	Addition 0/01)
Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Change Change Addition Change Change Addition Change	TREET ADDRESS	810 25TH AVE. W.					E034
NAME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS TREE	TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS	810 25TH AVE. W. PALMETTO FL VST RUPERT, KATHY A 810 25TH AVE. W.	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Change ☐	noitippy.
NAME IREET ADDRESS TY-ST-ZIP TILE MME IREET ADDRESS TY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS TY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS TY-ST-ZIP 3. 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 employered to execute mis leport 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.	TREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME ITEE AME ITEE ITEE ITEE ITEE ITEE ITEE ITEE IT	810 25TH AVE. W. PALMETTO FL VST RUPERT, KATHY A 810 25TH AVE. W.		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	CR2E034
NAME STREET ADDRESS TY-ST-ZIP 3. 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 truster employered to execute his Jeport 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: 1	TREET ADDRESS ITY-ST-ZIP TLE AME	810 25TH AVE. W. PALMETTO FL VST RUPERT, KATHY A 810 25TH AVE. W.	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Change - ☐	CHS (noilibba)
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 his leport 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: (941) 792-0029	TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS	810 25TH AVE. W. PALMETTO FL VST RUPERT, KATHY A 810 25TH AVE. W.	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS		Change - C	noilibba
SIGNATURE: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING DESICES OR DIRECTOR Date Date Date Date Date Date Date Date	TREET ADDRESS ITY-ST-ZIP ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE	810 25TH AVE. W. PALMETTO FL VST RUPERT, KATHY A 810 25TH AVE. W.	☐ Delete ☐ Delete ☐ Delete ☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS		Change - Change Change	Addition Addition
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