

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J60721 (4)**  
1. Corporation Name  
**ALLIED WINDOWS, INC.**



Principal Place of Business: **% THOMAS J. LOTZ, 10201 STATE RD 52, HUDSON FL 34669**  
Mailing Address: **% THOMAS J. LOTZ, 10201 STATE RD 52, HUDSON FL 34669**

3. Date Incorporated or Qualified: **03/09/1987**  
3a. Date of Last Report: **01/20/1995**  
4. FEI Number: **59-2816744**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 6502 78th St. South, Riverview, FL 33569**  
2a. Mailing Address: **26 6502 78th St. South, Riverview, FL 33569**  
23. City & State: **Riverview, FL**  
24. Zip: **33569**, 25. Country: **U.S.A.**

9. Name and Address of Current Registered Agent: **LOTZ, THOMAS J., 10201 STATE RD 52, HUDSON FL 33569**

10. Name and Address of New Registered Agent: **81 Name: Ronald K. Wallace, 82 Street Address: 863 North Hwy. 17-92, 84 City: Longwood, FL 85 Zip Code: 32750**

11. Pursuant to the provisions of Sections 607.0602 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 not applicable) DATE (Typed or printed name of registered agent and not applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b>	NAME: <b>LOTZ, THOMAS J.</b>	11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>10201 STATE RD 52</b>	CITY-ST-ZIP: <b>HUDSON FL</b>	12 NAME:	
TITLE: <b>SD</b>	NAME: <b>LOTZ, CATHERINE M.</b>	13 STREET ADDRESS:	
STREET ADDRESS: <b>10201 STATE RD 52</b>	CITY-ST-ZIP: <b>HUDSON FL</b>	14 CITY-ST-ZIP:	
TITLE: <b>VD</b>	NAME: <b>LOTZ, DONALD A.</b>	21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>10201 STATE RD 52</b>	CITY-ST-ZIP: <b>HUDSON FL</b>	22 NAME:	
TITLE: <b>TD</b>	NAME: <b>BOGNETTI, DONALD A.</b>	23 STREET ADDRESS:	
STREET ADDRESS: <b>10201 STATE RD 52</b>	CITY-ST-ZIP: <b>HUDSON FL</b>	24 CITY-ST-ZIP:	
TITLE: <b>VD</b>	NAME: <b>WALLACE, RONALD K.</b>	31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>863 NO HWY 17-92</b>	CITY-ST-ZIP: <b>LONGWOOD FL</b>	32 NAME:	
TITLE: <b>VD</b>	NAME: <b>FRAZIER, PAUL</b>	33 STREET ADDRESS:	
STREET ADDRESS: <b>6502 78TH STR</b>	CITY-ST-ZIP: <b>RIVERVIEW FL</b>	34 CITY-ST-ZIP:	
		41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		42 NAME:	
		43 STREET ADDRESS:	
		44 CITY-ST-ZIP:	
		51 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		52 NAME:	
		53 STREET ADDRESS:	
		54 CITY-ST-ZIP:	
		61 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		62 NAME:	
		63 STREET ADDRESS:	
		64 CITY-ST-ZIP:	

**500001856895**  
**-06/10/96--01019--027**  
**\*\*\*213.75**

**President**  
**Wallace, Ronald K.**  
**863 North Highway 17-92**  
**Longwood, FL 32750**

**Vice President**  
**Frazier, Paul**  
**6502 78th Street South**  
**Riverview, FL 33569**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is a 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; that the officer or director is empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. Change / or delete attached with annual fees.

SIGNATURE: **Ronald K. Wallace** Date: **4/29/96**  
813-677-4441  
Signature and typed or printed name of signing officer or director: **Ronald K. Wallace**  
6502 78th St S Riverview FL 33569

CR2E034 (12/95)