

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 # J77020

(2)

1. Corporation Name

ACCENT SASH AND DOOR, INC.



Principal Place of Business

33 TUPELO AVE SE
FT. WALTON BEACH FL 32548
US

Mailing Address

PO BOX 1342
FT. WALTON BEACH FL 32549
US

3. Date Incorporated or Qualified
05/27/1987

3a. Date of Last Report
04/21/1995

4. FEI Number

59-2804742

Applied For
Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

9. Name and Address of Current Registered Agent

MOORE GARY W
2033 B LEWIS TURNER BLVD
FT. WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 in full of the registered agent and the Treasurer

NOTE: Registered Agent signature is required when first filed

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	MOORE, GARY W.	2033-B LEWIS TURNER BLVD	FT. WALTON BEACH FL	<input type="checkbox"/>
VSD	MOORE, MARIA	2033-B LEWIS TURNER BLVD	FT. WALTON BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	2.1 NAME	3.1 STREET ADDRESS	4.1 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	2.2 NAME	3.2 STREET ADDRESS	4.2 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS	2.3 STREET ADDRESS	3.3 STREET ADDRESS	4.3 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
1.4 CITY - ST - ZIP	2.4 CITY - ST - ZIP	3.4 CITY - ST - ZIP	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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.

SIGNATURE:

Maria Moore MARIA MOORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96 904-664-6080

CR2E034 (12/95)