FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J90683

HITE'S WINDOW OF FANING, INC.

(0)

FILED

Apr 20 1998 8:00am

Secretary of State

THIL O WILLOW OLL FINITION HO.														
Direct of Direct	- 45													
Principal Place of Business				Mailing Address				ł						
-16-WAYNE-A. WOLF 3311 ST.NICHOLAS AVE.				-% WAYNE A. WOLF - 3311 ST.NICHOLAS AVE.										
JACKSONVILL				JACKSONVILLE FL 32207					DO NOT WRITE	IN THIS	SPACE			
								;	 Date incorporated or Qualified 09/03/1987 					
2. Principal P	lace of Busi	ness		2a. Mailing Address					4. FEI Number			Applie	d For	
21 JAMES	DH	17E	26 JA	26 JAMES D. HITE					59-2839745			Not Ar	plicable	
Sulte, Apt. #, etc.			Suit	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Addi	tional	
22			27					`	o, commedical of claims because	<u> </u>	Fee	Requir	ed	
City & State			ı ·	City & State				1	6. Election Campaign Financing	F"3		0 May		
23			28						Trust Fund Contribution	Added to Fees				
Zip		Country	Zip					6	This corporation owes or has particular to the corporation of the			Intangi N		
24	[25] g. Name and Address of Curren			Registered Agent		0			Personal Property Tax due June 30. 10. Name and Address of New Registered Ag					
HIT	E, JAMES	···	J	- regum		81	Name		U. 1141110 4110 11401 116	9.0.0.00	Agont			
		HOLAS AVE				82								
		LE FL 32217					Street A	Address	(P.O. Box Number is Not Acceptate	ole)				
U.N.		CL I C OEE !!				83								
														
						84	City			FI	85 Z	p Cod	e	
11. Pursuant	to the provis	sions of Sections 607.05	02 and 607.15	608, Florida Statu	tes, the al	pove	e-named c	corporati	ion submits this statement for the p	ourpose (of changing	its re	gistered	
office or r agent. I a	egistered a m familiar w	gent, or both, in the Sta 7th, and accept the obli	te of Florida. S dations of, Sec	uch change was ition 607.0505. F	authorize: Iorida Stat	d by utes	the corpo	oration's	board of directors. I hereby acce	ot the ap	pointment a	as regi	stered	
SIGNATURE			g											
BIGHATORE	Signature, type	d or printed name of registered a	gent and blie if appl	cable (NO	It: Rog stere	l Ago	nt signature re	required wh	en reinstating)	DATE				
12.	- ROPA	OFFICERS A	ND DIRECTOR		13.				ADDITIONS/CHANGES TO OFFICE	CERS AN				
TITLE	PTO	AMEG DADDEI		☐ DELE te	1.1 11						L Change	;	Addition	
NAME		ames darrel T. Nicholas ave.			1.2 N/									
STREET ADDRESS		ONVILLE FL					ADDRESS							
CITY-ST-ZIP TITLE	DS	NAME OF TE		DELETE	1.4 CI		I - ZIP				Change	, <u> </u>	Addition	
NAME		I, LINDA D.		otter	2.2 N/		1				CT CHARGE	, L	1 Vanition	
STREET ADDRESS		T. NICHOLAS AVE.					address							
CITY-ST-ZIP		ONVILLE FL			2.4 C									
TITLE	V			DELETE	3.1 10		11.54				Change	; <u> </u>	Addition	
NAME	HENDE	RSON, WILLIAM M			3.2 NA	ME					_ •		•	
STREET ADDRESS		T NICHOLAS AVE			1		ADDRESS							
CITY-ST-ZIP	JACKS	ONVILLE FL			3 4. C		1							
TITLE	-			DELETE	4130		-				Change	; <u> </u>	Addition	
NAME					4.2N	AME	J							
STREET ADDRESS					4.3 \$1	AEET A	ADDRESS							
CITY - ST-ZIP					4.4 CI	1Y-\$1	r- ZIP							
TITLE	_			DELETE	5.1 11	ile					☐ Change		Addition	
NAME	1				5.2 NA	ME	1							
STREET ADDRESS					5.3 \$1	REE1	ADDRESS							
CITY-ST-ZIP					5.4 CI	TY-\$1	1 - 21P							
TITLE				DELETE	61 TI	TLE					☐ Change		Addition	
NAME					6.2 N/	ME								
STREET ADDRESS					6.3 ST	REET	address							
CITY-ST-ZIP					6.4 Cf	1Y- <u>\$1</u>	I-ZIP					~ -		

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.

SIGNATURE:

4-13-98

904-398-6210