

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 JUL -5 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J98655

(0)

1. Corporation Name

FLYING WINDOW TINTERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**% TOM W. TURNER
407 N. 17-92
LONGWOOD FL 32707**

Mailing Address
**% TOM W. TURNER
407 N. 17-92
LONGWOOD FL 32707**

3. Date Incorporated or Qualified 10/19/1987	3a. Date of Last Report 05/09/1994
4. FEI Number 69-0033260	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Does corporation have liability for a delinquent report under Chapter 197, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21	2a. Mailing Address 26
State, Apt. #, etc. 22	State, Apt. #, etc. 27
City & State 23	City & State 28
24	25
29	30

9. Name and Address of Current Registered Agent

**TURNER, TOM W.
407 N. 17-92
LONGWOOD FL 32707**

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City
05 FL
06 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, 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]* (Signature of Registered Agent required when changing registered office)

12. OFFICERS AND DIRECTORS

01 TITLE	D
02 NAME	TURNER, TOM W.
03 STREET ADDRESS	407 N. 17-92
04 CITY & STATE	LONGWOOD FL
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13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY & STATE	
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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 190.07(3)(a), Florida Statutes. I further certify that the information submitted on this annual report or biennial annual report is true and accurate and that my signature shall have the same legal effect as if made in person with that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 of Block 13 or Block 14 or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING OFFICER OR DIRECTOR

614-95 436 858468

CR2E034 (3/95)