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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 02 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K56212

Block 12 or Block 13 if changed, or on an attachment with an address.

MASTERKRAFT SCREEN AND ALUMINUM, INC.

Principal Place of Business Mailing Address 6571 43RO ST N UNIT 1711 6571 43RD ST N UNIT 1711 PINELLAS PARK FL 34665-2961 PINELLAS PARK FL 34665-2951 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/06/1989 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2929159 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Zıp Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 PERRY, BILL 4150 55 ST N APT 1122 82 ST. PETERSBURG FL 33709 83 84 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 fapyliar with, and accept the appointment as registered agent. I am fapyliar with, and accept the appointment as registered agent. DATE (NOTE: Registered Agent signature required when reinstating) ed arout and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. PresiDENT/ DIRECTOR DELETE 11 TITLE TITLE MOORE BRUCE D. PERRY, BILLY C. 1.2 NAME NAME 4150 55TH ST N APT 1122 5236 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 14 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE SD 21 THLE TITLE MOORE, BRUCE D. NAME 22 NAME 5236 88 TERRACE NORTH 2.3 STREET ADDRESS STREET ADDRESS PINELLAS PARK FL 2.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Addition ☐ Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CHY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not quality 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