

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K66018 (8)

1. Corporation Name
NATIONAL EXTERIORS, INC.



Principal Place of Business
**4310 MCCORVEY ROAD
DELAND FL 32724**

Mailing Address
**4310 MCCORVEY ROAD
DELAND FL 32724**

3. Date Incorporated or Qualified **02/07/1989** 3a. Date of Last Report **04/26/1995**

2. Principal Place of Business
21 **155 S. 17-72**
Suite, Apt. #, etc. **St. B.**
City & State **DeBary Volusia**
Zip **32713** Country **Volusia**
22 **St. B.** 27 **St. B.**
City & State **DeBary Volusia**
Zip **32713** Country **Volusia**

4. FEI Number **65-0096808** 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**STOVER, JOSEPH L.
4310 MCCORVEY ROAD
DELAND FL 32724**

10. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL 85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab...
Signature **N/A.** (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GERTEISEN, DONALD	
STREET ADDRESS	#39 CARNATION LANE	
CITY - ST - ZIP	DEBARY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	
1.3	
1.4	
2.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	
2.3	
2.4	
3.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	
3.3	
3.4	
4.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	
4.3	
4.4	
5.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	
5.3	
5.4	
6.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	
6.3	
6.4	

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 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: **Donald Gerteisen** 4/26/95 1-407-668-4774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)