**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L09579

1. Corporation Name

INNOVATIVE DESIGN EXTERIOR ARCHITECTURAL SALES,

INC.						
Principal Place of Business Mailing Address					3 10011011 BIL GBILG IGEN BLITT IORID TRIT GENI BLOTI BENI GENI GENI GENI GENI GENI GENI GENI G	
% WILLIAM H. 1510 WINDWAR NEPTUNE BCH. US	D LANE	% WILLIAM H. RICHARDSON 1510 WINDWARD LANE NEPTUNE BCH. FL 32266 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed
**						08/14/1989
2. Principal P	2a. Mailing Addr	2a. Mailing Address			4. FEI Number Applied For	
21		26				59-2968762 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required
City & Stat	8	City & State			_	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
				Country		8. This corporation owes the current year Intangible
24	25 29 30				Personal Property Tax. ☐ Yes ☐ No	
	9. Name and Address of Current					10. Name and Address of New Registered Agent
RICHARDSON, WILLIAM H.				81	Name	
				82	82 Street Address (P.O. Box Number is Not Acceptable)	
1510 WINDWARD LANE						
NEPTUNE BEACH FL 32266			83			
			84	City	FL 85 Zip Code	
Objects the purpose of changing its registered						
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 is 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 name of registered agent	and title if applicable.	(NOTE: Regis	stered Agen	t signature re	required when reinstating) DATE
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Р	□D		1.1 TITLE	ļ	☐ Change ☐ Addition
NAME	RICHARDSON, WILLIAM			1.2 NAME		
STREET ADDRESS	1919 11111			1.3 STREET	ADDRESS	8
CITY-ST-ZIP			1.4 CITY-ST	r-ZIP		
TITLE			2.1 TITLE	Į	☐ Change ☐ Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP				2.4 CITY-S	T-ZIP	Charac C Addition
TITLE _	es e e manda e entre	⊔D		3.1 TITLE		Change Addition
NAME				3.2 NAME		1
STREET ADDRESS				3.3 STREET	1	
CITY-ST-ZIP				3.4. CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE		טט		4.1 TITLE	Ì	C) analys (1 Addition
NAME	·			4. 2 NAME		
STREET ADDRESS				4.3 STREET		<b>5</b>
CITY-ST-ZîP				4.4 CITY-S' 5.1 TITLE	I-ZIP	☐ Change ☐ Addition
I HILE				U. I IIILE		

CITY-ST-ZIP 14. 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 with all other like empowered.

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

8.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ Change

☐ Addition

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90058 014 \*\*\*150.00