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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L32658 1. Corporation Name

SHOWER DOOR INDUSTRIES, INCORPORATED

Principal Place	e of Business HAM-12509 ULM GR	Mailing Address /2509 -70 H2890 WALSINGHAM	ULM	2R.70 N				
LARGO FL <del>2404</del> 3 37 7 4 US		LARGO FL 24644-3377	LARGO FL 24644-3 3774 US		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 11/27/1989			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 /250	9 ULMORTON K		<u> </u>		59-2981654		Not Applicable	
Suite, Apt.	#, etc.	<b>→</b> · · · /	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required	
22		27			<u> </u>			
City & State		City & State	28		Trust Fund Contribution	Adde	\$5.00 May Be Added to Fees	
Zip 24 337:	Country		Country		8. This corporation owes the current	t year Intangible	<b>⊠</b> No	
24 001			1	<del> </del>	Personal Property Tax.  10. Name and Address of New Reg			
	9. Name and Address of Curr	ent Registered Agent	81	Name	10. Italile alto Address of Itali Itali	notorou / tgorit		
WHIT	LOW, ROBERT C., SR.							
	9 ULMERTON RD		82	Street Addre	ess (P.O. Box Number is Not Acceptable	<del>)</del> )		
LARG	GO FL 34644		83		,			
			84	City		FL 85 Zi	p Code	
					retion out with this statement for the pu	1 -	ite 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 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: Regis	tered Agen	t signature required	when reinstating)	DATÉ	———	
12.		<u> </u>	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	TORS IN 12	
TITLE	D	☐ DELETE 1	1,1 TITLE			Chang	e 🗌 Addition	
NAME	WHITLOW, ROBERT C., SR.	1	1.2 NAME					
STREET ADDRESS	12509 ULMERTON RD	1	1.3 STREET	ADDRESS				
CITY-ST-ZIP			1.4 CITY-S	r-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE	D □ DELETE 2.1 TI		2.1 TITLE			☐ Chang	e 🗌 Addition	
NAME	WHITLOW, LOIS E.		2.2 NAME					
STREET ADDRESS	12509 ULMERTON RD		2.3 STREET	ADDRESS			ļ	
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP				
TITLE	D	☐ DELETE :	3.1 TITLE			Chang	e 🗌 Addition	
NAME	WHITLOW, JANICE A.		3.2 NAME					
STREET ADDRESS	12509 ULMERTON RD	:	3.3 STREET	ADDRESS			l	
CITY-ST-ZIP	LARGO FL		3.4. CITY-S	T-ZIP		[7] Chana	Addition	
TITLE	D	C DELETE	4.1 TITLE	ļ		☐ Chang	e	
NAME	HOWELL, KIRK		4. 2 NAME		•			
STREET ADDRESS	12509 ULMERTON RD		4.3 STREET					
CITY-ST-ZIP	LARGO FL		4.4 CITY-S	T-ZIP		Cohen	Addition	
TITLE			5.1 TITLE			Chang	je 🗌 Addition	
NAME			5.2 NAME	ADDDCCC				
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			5.4 CITY-S' 6.1 TITLE	1-417		[ ] Chang	e Addition	
TITLE '		<u> </u>	6.2 NAME			L] Glally		
NAME		i e		ADDOESS			ļ	
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP		·	6.4 CITY+S	T-ZIP				

SIGNATURE:

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.

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90007 009 \*\*\*150.00