FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:35

DOCUMENT # L40828 (0)

1. Corporation Name
EXTERIOR CONCEPTS, INC.

Principal Place of Business	Mailing Address
5950 HESTER AVENUE SANFORD FL 32773 US	POST OFFICE BOX 520181 LONGWOOD FL 32752 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/03/1990
3a. Date of Last Report: 08/15/1994

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 POST OFFICE BOX 568943
Suite, Apt #, etc. 27
City & State 28 ORLANDO FLORIDA
Zip 29 32856 Country 30

4. FEI Number: 65-0167573 ☐ 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 tables, to intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BANKA, LOUIS, LEON, II
5950 HESTER AVENUE
SANFORD FL 32773

10. Name and Address of New Registered Agent

81 Name DANIEL J. GOOGINS
82 Street Address (P.O. Box Number is Not Acceptable) 2501 S. BUMBY AVE
83
84 City ORLANDO FL 85 Zip Code 32806

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 familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE [signature] 6/23/95

12. OFFICERS AND DIRECTORS

TITLE	PS
NAME	BANKA, LOUIS LEON II
STREET ADDRESS	5950 HESTER AVENUE
CITY-ST-ZIP	SANFORD FL
TITLE	VT R
NAME	ICE, DARYL
STREET ADDRESS	10 OLD BAEN WAY
CITY-ST-ZIP	CASSELBERRY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PSTD	☒ Change ☐ Addition
12 NAME	BANKA, LOUIS LEON II	
13 STREET ADDRESS	5950 HESTER AVENUE	
14 CITY-ST-ZIP	SANFORD FL	
21 TITLE	VD	☒ Change ☐ Addition
22 NAME	RICE, DARYL	
23 STREET ADDRESS	10 OLD BAEN WAY	
24 CITY-ST-ZIP	CASSELBERRY FL	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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)(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.

SIGNATURE: [signature] Louis Banka 5/10/95 407-330-9296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CP