

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 13 AM 9:17

DOCUMENT # L48979

(3)

1. Corporation Name

EXCEPTIONAL ENCLOSURES, INC.

Principal Place of Business

16461-B OLD U.S. 41  
FT. MYERS FL 33912  
US

Mailing Address

16461-B OLD U.S. 41  
FT. MYERS FL 33912  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/05/1990

3a. Date of Last Report

01/24/1994

4. FEI Number

65-0170561

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

HARRISON, SIMON M.  
222 PLAZA DRIVE  
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

81 Name Rodney L. Drenning

82 Street Address (P.O. Box Number is Not Acceptable)

16461-B Old US 41

83

84 City Fort Myers

FL

85 33912

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

*Rodney L. Drenning*

1/9/95

Signature typed or printed name of registered agent (if not applicable)

Signature typed or printed name of registered agent (if not applicable)

12. OFFICERS AND DIRECTORS

|                |                     |
|----------------|---------------------|
| TITLE          | PD                  |
| NAME           | DRENNING, RODNEY L. |
| STREET ADDRESS | 407 SE 22ND ST.     |
| CITY ST ZIP    | CAPE CORAL FL       |
| TITLE          | VTS                 |
| NAME           | HARDER, DANIEL W.   |
| STREET ADDRESS | 792 JULY CIRCLE     |
| CITY ST ZIP    | N. FT. MYERS FL     |
| TITLE          | D                   |
| NAME           | HARDER, DANIEL W.   |
| STREET ADDRESS | 792 JULY CIRCLE     |
| CITY ST ZIP    | N. FT. MYERS FL     |
| 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

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY ST ZIP    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY ST ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY ST ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY ST ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY ST ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY ST ZIP    |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 110.01(2)(b), 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 present this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 13 and changed, or by an attachment with an address.

SIGNATURE:

*Rodney L. Drenning*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rodney L. Drenning President

1/9/95

B13-267-6336

Optional Form 8