

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L70046 (2)

1. Corporation Name

~~NORWOOD DOORS, INCORPORATED~~
Norwood Products Inc

Principal Place of Business

7436 PENNSYLVANIA AVE
SARASOTA FL 34243
US

Mailing Address

7436 PENNSYLVANIA AVE
SARASOTA FL 34243
US



3. Date Incorporated or Qualified

04/30/1990

3a. Date of Last Report

04/24/1995

4. FEI Number

65-0188711

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, NORRIS S
7436 PENNSYLVANIA AVE
SARASOTA FL 34243

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and official address

Date: Registered Agent signature required when changing

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME BROWN, NORRIS S.
STREET ADDRESS 7436 PENNSYLVANIA AVE
CITY-STATE-ZIP SARASOTA FL ☐ DELETE

TITLE S
NAME BROWN, BEVERLY A
STREET ADDRESS 7436 PENNSYLVANIA AVE
CITY-STATE-ZIP SARASOTA FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP-S
1.2 NAME NORRIS S. Brown
1.3 STREET ADDRESS 7436 Pennsylvania AV
1.4 CITY-STATE-ZIP Sarasota FL 34243 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME Beverly A Brown
2.3 STREET ADDRESS 7436 Pennsylvania AV
2.4 CITY-STATE-ZIP Sarasota FL 34243 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 700001777887
4.4 CITY-STATE-ZIP -04/12/96--01015--011 ***200.00 ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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 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: Beverly A. Brown Beverly A. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96

941-351-4122

Date

Daytime Phone #

CR2E034 (12/95)