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 APR -3 PM 4:41

DOCUMENT # L72168 (2)

1. Corporation Name
EXTERIOR PRODUCTS OF OCALA, INC.

Principal Place of Business	Mailing Address
7651 SW HWY 200 STE 206 OCALA FL 32674 US	7651 SW HWY 200 STE 206 OCALA FL 32674 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/09/1990
3a. Date of Last Report: 03/30/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24: 34476
Country — 25
Zip — 29: 34476
Country — 30

4. FEI Number: 59-3011163 — 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

9. Name and Address of Current Registered Agent

CARMAN, JOHN J., JR.
9141 S.W. 34TH PLACE
OCALA FL 34481

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — FL — 05 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 title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	CARMAN, JOHN J., JR.	1.2 NAME	
STREET ADDRESS	9141 S.W. 34TH PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34481	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	CARMAN, JOHN J., III	2.2 NAME	
STREET ADDRESS	5821 N.W. 11TH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34482	2.4 CITY-ST-ZIP	
TITLE	DST	3.1 TITLE	☐ Change ☐ Addition
NAME	CARMAN, DAVID F.	3.2 NAME	
STREET ADDRESS	9143 S.W. 34TH PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	WILLIAMS, GLEN D	4.2 NAME	DELETED
STREET ADDRESS	9110 EAST SWIFT PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL 34452	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: _____ 03/29/95 904-287-5469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

038393 CP