

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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 34476 US

3. Date Incorporated or Qualified **05/09/1990** 3a. Date of Last Report **04/03/1995**
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

2. Principal Place of Business 2a. Mailing Address
21 **5821 NW 11th PLACE** 26 **P.O. Box 770625**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **OCALA FL** 28 **OCALA FL**
Zip Country Zip Country
24 **34475** 25 **USA** 29 **34477-0625** 30 **USA**

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
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 _____ (NOTE: Registered Agent signature required when transferring) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CARMAN, JOHN J., JR. 9141 S.W. 34TH PL OCALA FL 34481	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1 2 NAME	
STREET ADDRESS		1 3 STREET ADDRESS	
CITY-ST-ZIP		1 4 CITY-ST-ZIP	
TITLE	VD CARMAN, JOHN J., III 5821 N.W. 11TH PLACE OCALA FL 34482	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
TITLE	DST CARMAN, DAVID F. 9143 S.W. 34TH PL OCALA FL	3 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	34481
TITLE	<input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *John J. Carman, Jr.* 3/11/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/State/Phone #

CR2E034 (12/95)