

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra G. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M74861** (9)

1. Corporation Name
SPECIALTY WINDOWS OF FLORIDA, INC.

Principal Place of Business

**690 HEINBERG ST
PENSACOLA FL 32501
US**

Mailing Address

**690 HEINBERG ST
PENSACOLA FL 32501
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1988

4. FEI Number

65-0037855

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**RAY, KIEVIT & KELLY P.A.
15 WEST MAIN STREET
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81 Name

Clark Dartington HART P.A.

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

125 W. Romana Street

83

84 City

Pensacola

FL

85 Zip Code

32501

11. Pursuant to the provisions of Sections 607.0505 and 607.1505, 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 filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DCEO** ☐ DELETE
NAME **PENNIMAN, E. ERWIN**
STREET ADDRESS **690 HEINBERG ST.**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **VPD** ☐ DELETE
NAME **FOGARTY, WILLIAM C.**
STREET ADDRESS **690 HEINBERG ST.**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **PD** ☒ DELETE
NAME **FISHER, MYLES**
STREET ADDRESS **690 HEINBERG ST.**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DCEO/President** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **STD** ☒ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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

14. I hereby certify that the information supplied with this filing 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:

4-28-98

CR2E034 (10/97)