**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.**
**AMOUNT DUE ON OR BEFORE 8/9/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)**

PROFIT 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 AUG -9 PM 2:24

DOCUMENT # **M90240** (6)

1. Corporation Name
**SILCOX WINDOW INSTALLATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3615 CONNOR AVENUE<br>ORLANDO FL 32808 | 3615 CONNOR AVENUE<br>ORLANDO FL 32808 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/19/1988
3a. Date of Last Report: 08/08/1994

2. Principal Place of Business
21: 2609 Cedar Bluff Lane
22: Suite, Apt. #, etc.
23: City & State: Ocoee, FL.
24: Zip: 34761
25: Country: U.S.A

2a. Mailing Address
26: 2609 Cedar Bluff Lane
27: Suite, Apt. #, etc.
28: City & State: Ocoee, FL
29: Zip: 34761
30: Country: U.S.A.

4. FEI Number: 59-2900773 ☐ 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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SILCOX, GEORGE FREDERICK
3615 CONNOR AVE
ORLANDO FL 32808

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | P | 1.1 TITLE | P | ☒ Change ☐ Addition |
| NAME | SILCOX, GEORGE FREDERICK | 1.2 NAME | Silcox, George Frederick | |
| STREET ADDRESS | 3615 CONNOR AVE | 1.3 STREET ADDRESS | 2609 Cedar Bluff Lane | |
| CITY-ST-ZIP | ORLANDO FL | 1.4 CITY-ST-ZIP | Ocoee, FL. 34761 | |
| TITLE | ST | 2.1 TITLE | ST | ☒ Change ☐ Addition |
| NAME | SILCOX, DEBORAH JANE | 2.2 NAME | Silcox, Deborah Jane | |
| STREET ADDRESS | 3615 CONNOR AVE | 2.3 STREET ADDRESS | 2609 Cedar Bluff Lane | |
| CITY-ST-ZIP | ORLANDO FL | 2.4 CITY-ST-ZIP | Ocoee, FL. 34761 | |
| TITLE | VP | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ELDRIDGE, DOUGLAS | 3.2 NAME | | |
| STREET ADDRESS | 1863 WINDMILL DR. | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL | 3.4 CITY-ST-ZIP | | |
| TITLE | | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 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 | | |

CR2E034 (3/95)

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)(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:** Deborah Silcox Deborah Silcox 8-2-95 407-295-0574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0134477 FP