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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1996

M95896

(0)

 Corporation Name RELIABLE DOOR & WINDOW CO., INC. Principal Place of Business Mailing Address 1785 LAKESIDE AVE. 1785 LAKESIDE AVE. ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086 US US 3. Date Incorporated or Qualified 3a. Date of Last Report 08/25/1988 02/21/1995 2. Principal Place of Business 4. FEI Number Applied For 1785 Makesia 59-2891127 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 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 10. Name and Address of New Registered Agent Name CROSBY, QUILLIAN D. 82 Street Address (P.O. Box Number is Not Acceptable) 1785 LAKESIDE AVE. 83 ST. AUGUSTINE FL 32086 City Zip Code 85 11. Pursuant to the provisions of Sections 607,6502 and 667,1508, 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 vis authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the objection 607,0505, Florida Statutes.

(NOTE Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TIFLE DELETE 1. 1 TITLE Change Addition CROSBY, QUILLIAN D. 1.2 NAME 1785 Lakeride Am. STREET ADDRESS 235 STATE RD: 207 BLDG 1 13 STREET ADDRESS ST. AUGUSTINE FL CITY-ST ZiP 14 CITY-ST-ZIP 11117 TT DELETE 2 1 TITLE Change ☐ Addition NAME 22 NAME STREET ADORESS 23 STREET ADDRESS CITY-S1-ZIF 2 4 City-St-ZIP DELETE THEF 3 1 TITLE Addition NAMI 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY+S1-20P 3 4 CITY - ST - ZIP DELETE 4. 1 TITLE Change ■ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY ST ZIP 4 4 CITY - ST - ZIP HILL ☐ DELETE 5 1 TITLE Change ☐ Addition MAMA 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS C-TY ST-ZP 54 CITY-ST-ZIP 7.16F DELETE 6 1 TITLE ☐ Change ■ Addition NAM: 62 NAME STREET ADDRESS 63 STREET ADDRESS CI1Y - ST - 7(P) 64 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 enths 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

OR DIRECTOR

(12/95)CR2E034