PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

* pri "	PLICATION FOR ISTATEMENT		Katherine H a Secretary of S	State			prime (City)		
DOCUMENT # P0000079560						01 OCT 29 PM 4: 24			
1. Corporation Name					_				
WOOD WINDOW SPECIALTIES, INC.						SECREJARY OF STATE TALLAHASSEE FLORIDA			
Principal Place of Business Mailing Address									
TAMPA FL		TAMPA FL 3360	611 WEST AZEELE STREET TAMPA FL 33606						
If above	addresses are incorrect in any way, line the	rough incorrect info	ormation and enter	correction below.	EINS	PATEM	ENI	100	
2. New Pr	rincipal Office Address, If Applicable	3. New Mailing	3. New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 08/22/2000			
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. FEI Number Applied For				
City & Stat	te	City & State TAMPA FUA.			65-10	38208		Not Applicable	
Zip	Country	33687-0	Count	ry .	6. CERTIFICAT	E OF STATUS DESI		itional Fee required tificate of Status	
7. Names	and Street Addresses of Each Officer and			•	ast 3 directors)				
Title(s)				reet Address of Each					
pen.	es. Tim welkint		PP.Box X80441			TON. F	\. <u>3</u> 3682	1	
					- 60	-11/21	59147 /0101085 5 0.00 ***	006	
							s }	148	
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent				
Name						*		(8/01)	
H. STRATTON SMITH, III 611 WEST AZEELE STREET					P.O. Box Number	is Not Acceptable)	CR2E040 (8/01)	
TAMPA FL 33606 Suite. Apt. #.					c				
City					State Zip Code				
10. I, being	g appointed the registered agent of the ab	ove named corpora	ation, am familiar w	ith and accept the ol	bligations of Sect	ion 607.0505, F.S.			
Signature o	of Agent Halis J	EGISTERED AGE	PACOS.	EFFED		Date	0/21/0		
this rein	y that I am an officer or director or the rece statement application, the reason for diss by the corporation have been paid and the application is true and accurate, and my s	olution has been el names of individua	liminated, the corpo als listed on this for	orate name satisfies m do not qualify for	the requirements an exemption un	of section 607.04	01 or 617.0401, F.S	., that all fees	

26,0c7.01 Date

813-639-9537

SIGNATURE: SIGNATURE AND TY