2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State
04-30-2001 90093 050 ***150.00

DOCUMENT # P00000081294

1. Entity Name
ARCHITECTURAL FOAM INDUSTRIES, INC.

Principal Place of Business	Mailing Address
6821 PHILLIPS PARKWAY DRIVE SOUTH JACKSONVILLE FL 32256	6821 PHILLIPS PARKWAY DRIVE SOUTH JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11320 E. Phillips Pkway Dr	11320 E. Phillips Pkwy Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL.	City & State: Jacksonville, FL
Zip: 32256 Country: US	Zip: 32256 Country: US

4. FEI Number: Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PATTERSON, BOND & LATSHAW, P.A. 3010 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250	Name: ~~ARCHITECTURAL FOAM INDUSTRIES, INC~~ amc Street Address (P.O. Box Number is not Acceptable): ~~11320 E. Phillips Pkway Dr.~~ amc (Same As Before) City: ~~Jacksonville~~ FL Zip Code: ~~32256~~ amc

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: John McPherson — 4-23-01
Signature, typed or printed name of registered agent and title, if applicable (Signature required when reinstating) Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~CEO~~ ~~John McPherson~~ ~~11320~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOHN K. McPHERSON CEO 11320 E. Phillips Pkway Dr Jacksonville, FL. 32256	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DONDSE S. McPHERSON 11320 E. PHILLIPS PKWAY DR JACKSONVILLE, FL. 32256	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT DIANE JACK 11320 E. Phillips Pkway Dr Jacksonville, FL. 32256	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-23-01 904-260-8844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #