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Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90145 045 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P21321

1. Corporation Name

JW WINDOW COMPONENTS, INC.

Principal Place of Business

%1500 NORTH DALE MABRY HIGHWAY  
TAMPA FL 33607-6293

Mailing Address

%1500 NORTH DALE MABRY HIGHWAY  
TAMPA FL 33607-6293

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1310 N Hercules Ave	26	1310 N Hercules Ave	10/17/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		13-3429839	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Clearwater, FL	Clearwater, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	33765	25	Pinellas	29	
33765		30	Pinellas		

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCOO	1.1 TITLE	CEO
NAME	HYDER, HARTLEY	1.2 NAME	Peter DeSoto
STREET ADDRESS	1500 N DALE MABRY HWY	1.3 STREET ADDRESS	175 Green Acres
CITY-ST-ZIP	TAMPA FL 33607	1.4 CITY-ST-ZIP	Elizabethville, PA 17023
TITLE	VPT	2.1 TITLE	President
NAME	FJELSTUL DEAN M	2.2 NAME	Robert Williams
STREET ADDRESS	1500 N. DALE MABRY HWY	2.3 STREET ADDRESS	650 W Market St.
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Graftz, PA 17030
TITLE	S	3.1 TITLE	Treasurer
NAME	PORTER EDWARD A	3.2 NAME	Jay K Poppleton
STREET ADDRESS	1500 N. DALE MABRY HWY.	3.3 STREET ADDRESS	1985 Carroll Street
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Clearwater, FL 33765
TITLE	AT	4.1 TITLE	Secretary
NAME	EISCH, CYNTHIA B.	4.2 NAME	Sarah Walker Guthrie
STREET ADDRESS	1500 N DALE MABRY HWY	4.3 STREET ADDRESS	1985 Carroll Street
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Clearwater, FL 33765
TITLE	D	5.1 TITLE	
NAME	HYATT KENNETH E	5.2 NAME	
STREET ADDRESS	1500 N. DALE MABRY HWY.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)