

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P32322** (0)

1. Corporation Name

IDEAL EXTERIORS OF LOUISIANA, INC.

Principal Place of Business

**210 E. SHERRY
BLOUNTSTOWN FL 32424**

Mailing Address

**210 E. SHERRY
BLOUNTSTOWN FL 32424**



2. Principal Place of Business

2a. Mailing Address

21 Subc. Apt. #, etc.
22 City & State
23 Zip Country
24
25
26
27
28
29
30

9. Name and Address of Current Registered Agent

**THIBODEAUX, MARTIN
723 N. PEAR
BLOUNTSTOWN FL 32424**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified
12/21/1990

3a. Date of Last Report
04/26/1995

4. FLE Number
72-0969582

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**

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

10. Name and Address of New Registered Agent

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 of the person filing this report (if applicable)

Signature of the person filing this report (if applicable)

DATE

12. OFFICERS AND DIRECTORS

1. NAME
2. STREET ADDRESS
3. CITY-STATE-ZIP
4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY-STATE-ZIP
8. TITLE
9. NAME
10. STREET ADDRESS
11. CITY-STATE-ZIP
12. TITLE
13. NAME
14. STREET ADDRESS
15. CITY-STATE-ZIP
16. TITLE
17. NAME
18. STREET ADDRESS
19. CITY-STATE-ZIP
20. TITLE
21. NAME
22. STREET ADDRESS
23. CITY-STATE-ZIP
24. TITLE
25. NAME
26. STREET ADDRESS
27. CITY-STATE-ZIP
28. TITLE
29. NAME
30. STREET ADDRESS
31. CITY-STATE-ZIP
32. TITLE
33. NAME
34. STREET ADDRESS
35. CITY-STATE-ZIP
36. TITLE
37. NAME
38. STREET ADDRESS
39. CITY-STATE-ZIP
40. TITLE
41. NAME
42. STREET ADDRESS
43. CITY-STATE-ZIP
44. TITLE
45. NAME
46. STREET ADDRESS
47. CITY-STATE-ZIP
48. TITLE
49. NAME
50. STREET ADDRESS
51. CITY-STATE-ZIP
52. TITLE
53. NAME
54. STREET ADDRESS
55. CITY-STATE-ZIP
56. TITLE
57. NAME
58. STREET ADDRESS
59. CITY-STATE-ZIP
60. TITLE
61. NAME
62. STREET ADDRESS
63. CITY-STATE-ZIP
64. TITLE
65. NAME
66. STREET ADDRESS
67. CITY-STATE-ZIP
68. TITLE
69. NAME
70. STREET ADDRESS
71. CITY-STATE-ZIP
72. TITLE
73. NAME
74. STREET ADDRESS
75. CITY-STATE-ZIP
76. TITLE
77. NAME
78. STREET ADDRESS
79. CITY-STATE-ZIP
80. TITLE
81. NAME
82. STREET ADDRESS
83. CITY-STATE-ZIP
84. TITLE
85. NAME
86. STREET ADDRESS
87. CITY-STATE-ZIP
88. TITLE
89. NAME
90. STREET ADDRESS
91. CITY-STATE-ZIP
92. TITLE
93. NAME
94. STREET ADDRESS
95. CITY-STATE-ZIP
96. TITLE
97. NAME
98. STREET ADDRESS
99. CITY-STATE-ZIP
100. TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. NAME
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. NAME
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. NAME
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. NAME
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP
21. NAME
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP
25. NAME
26. NAME
27. STREET ADDRESS
28. CITY-STATE-ZIP
29. NAME
30. NAME
31. STREET ADDRESS
32. CITY-STATE-ZIP
33. NAME
34. NAME
35. STREET ADDRESS
36. CITY-STATE-ZIP
37. NAME
38. NAME
39. STREET ADDRESS
40. CITY-STATE-ZIP
41. NAME
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP
45. NAME
46. NAME
47. STREET ADDRESS
48. CITY-STATE-ZIP
49. NAME
50. NAME
51. STREET ADDRESS
52. CITY-STATE-ZIP
53. NAME
54. NAME
55. STREET ADDRESS
56. CITY-STATE-ZIP
57. NAME
58. NAME
59. STREET ADDRESS
60. CITY-STATE-ZIP
61. NAME
62. NAME
63. STREET ADDRESS
64. CITY-STATE-ZIP
65. NAME
66. NAME
67. STREET ADDRESS
68. CITY-STATE-ZIP
69. NAME
70. NAME
71. STREET ADDRESS
72. CITY-STATE-ZIP
73. NAME
74. NAME
75. STREET ADDRESS
76. CITY-STATE-ZIP
77. NAME
78. NAME
79. STREET ADDRESS
80. CITY-STATE-ZIP
81. NAME
82. NAME
83. STREET ADDRESS
84. CITY-STATE-ZIP
85. NAME
86. NAME
87. STREET ADDRESS
88. CITY-STATE-ZIP
89. NAME
90. NAME
91. STREET ADDRESS
92. CITY-STATE-ZIP
93. NAME
94. NAME
95. STREET ADDRESS
96. CITY-STATE-ZIP
97. NAME
98. NAME
99. STREET ADDRESS
100. CITY-STATE-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)(a), 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: *Martin Thibodeaux* **MARTIN THIBODEAUX**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96

504-474-4544

CR2E034 (12/95)