

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shandra B. Martin
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P38877** (7)

1. Corporation Name

GUTTER SUPPLIERS, INC.



Principal Place of Business

**5353 STICKNEY AVE.
TOLEDO OH 43612**

Mailing Address

**5353 STICKNEY AVE.
TOLEDO OH 43612**

2. Principal Place of Business

21 7325 DOUGLAS ROAD
Suite, Apt. #, etc.

22
City & State

23 LAMBERTVILLE MI

Zip

24 48144

Country

25 BEDFORD

2a. Mailing Address

26 7325 DOUGLAS ROAD
Suite, Apt. #, etc.

27
City & State

28 LAMBERTVILLE MI

Zip

29 48144

Country

30 BEDFORD

9. Name and Address of Current Registered Agent

**MASI, LOU
3180 61ST WAY NORTH
ST. PETERSBURG FL 33710**

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 607.1502, 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 performed 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 607.0502, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if different from officer or director)

Signature of President or Secretary (if different from officer or director)

Date

12. OFFICERS AND DIRECTORS

TITLE	DCP	☐ DELETE
NAME	SWEET, VERNON L.	
STREET ADDRESS	6363 DOUGLAS RD.	
CITY-STATE-ZIP	LAMBERTVILLE MI	
TITLE	DVP	☐ DELETE
NAME	OLIVER, JOSEPH R.	
STREET ADDRESS	6231 VALLEY PARK	
CITY-STATE-ZIP	TOLEDO OH	
TITLE	DT	☐ DELETE
NAME	SWEET, MICHAEL	
STREET ADDRESS	6407 DOUGLAS RD	
CITY-STATE-ZIP	LAMBERTVILLE MI	
TITLE	S	☐ DELETE
NAME	SMITH, BONNIE	
STREET ADDRESS	6333 DOUGLAS RD.	
CITY-STATE-ZIP	LAMBERTVILLE MI	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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)(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, 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 addition with an addressee.

SIGNATURE:

Vernon Sweet Pres -
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-96 (313) 856-4100
FILED IN FL 308

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