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Mar 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000008707 (0)

1. Corporation Name
UNITED WINDOW AND CAB CORPORATION



Principal Place of Business
425 EAST SPRUCE STREET
UNIT D
TARPON SPRINGS FL

Mailing Address
PO BOX 791
TARPON SPRINGS FL 34688-0791
US

3. Date Incorporated or Qualified 01/26/1993	3a. Date of Last Report 03/18/1996
4. FEI Number 59-3180146	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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

HATTEY, ROBERT J
425 EAST SPRUCE STREET
UNIT D
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name RAY HATTEY
82 Street Address (P.O. Box Number is Not Acceptable) 315 Sunshine Dr.
83
84 City Tarpon Springs FL
85 Zip Code 34689

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 *Ray Hattey* RAY HATTEY, President 3/20/97
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	HATTEY, RAY 315 SUNSHINE DR TARPON SPGS FL	11 TITLE Vice President	☐ Change ☒ Addition
NAME		12 NAME John HATTEY	
STREET ADDRESS		13 STREET ADDRESS 1424 NOEL Dr	
CITY-ST-ZIP		14 CITY-ST-ZIP Atlanta GA 30319	
TITLE V	HATTEY, ROBERT J 80 HIGHLAND #1116 TARPON SPGS FL	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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 in an attachment with an address.

SIGNATURE:

Ray Hattey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-97
Date

813-934-8834
Daytime Phone #

CR2E034 (9/96)