

FILE NOW: FILING FEE AFTER MAY 1 IS \$ 5.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF REVENUE
Sandra B. Moore
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000013833 (7)

1. Corporation Name
LUSK WINDOW AND DOOR COMPANY

Principal Place of Business

**151 HENDERSON DRIVE
CRESTVIEW FL 32539
US**

Mailing Address

**P O BOX 1247
MOSSY HEAD FL 32434
US**

2. Principal Place of Business		2a. Mailing Address	
21	25	26	30
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	

9. Name and Address of Current Registered Agent

**LUSK, WAYNE R
151 HENDERSON DRIVE
CRESTVIEW FL 32536**

11. Pursuant to the provisions of Sections 607.01(2) and 607.01(3) Florida Statutes, I, the undersigned, being a duly qualified officer or registered agent, or both, in the State of Florida, do hereby certify that I am an officer or director of the corporation or the registered agent, as the case may be, and I accept the obligations of Sections 607.01(2) and 607.01(3) Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	LUSK, WAYNE R	
STREET ADDRESS	151 HENDERSON DRIVE	
CITY-STATE-ZIP	CRESTVIEW FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LUSK, SUE A	
STREET ADDRESS	151 HENDERSON DRIVE	
CITY-STATE-ZIP	CRESTVIEW FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this report is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation or the registered agent, as the case may be, and I accept the obligations of Sections 607.01(2) and 607.01(3) Florida Statutes, and that my name appears in Block 12 or Block 13, as changed or corrected in compliance with an order of the court.

SIGNATURE: Wayne R. Lusk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3. Date of Incorporation or Organized	3a. Date of Last Report
02/24/1993	03/02/1995
4. FEIN Number	Applied For
59-3169260	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for integrative tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

I, the undersigned, being a duly qualified officer or registered agent, or both, in the State of Florida, do hereby certify that I am an officer or director of the corporation or the registered agent, as the case may be, and I accept the obligations of Sections 607.01(2) and 607.01(3) Florida Statutes.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

I do hereby certify that the information supplied with this report is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation or the registered agent, as the case may be, and I accept the obligations of Sections 607.01(2) and 607.01(3) Florida Statutes, and that my name appears in Block 12 or Block 13, as changed or corrected in compliance with an order of the court.

3-27-96
904-682-3220

CR2E034 (12/95)