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

CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P93000015875 (6)

DOCUMENT # P93000

1. Corporation Name

ACTION ROLL-UP SHUTTERS, INC.

**FILED** Apr 29, 1996 08:00 AM **Secretary of State** 



		Malag Addissa			1 1981 1881 118 (910) 1111 49111 91	1191 MATES MAZAS 11001 M1	184 18111 18991 QILI 1981
Principal Place of B	usiness	Mailing Address 110 FREEMONT STR	REET S.				
GULFPORT FL	33707	GULFPORT FL 3370					
US				3. Date Incorporated or Qualified 3a. Date of Last Report 02/24/1993			
2. Principal Place of	of Business	2a. Mailing Address			4. FE! Number 100000		Applied For
21 2135 13th Ave. N		26 1105 Freemont St. S		39°3 100068		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	7	.75 Additional	
22		27					ee Required
Orty & State		Oity & State			6. Election Campaign Financing  Trust Fund Contribution	1 1	5.00 May Be dded to Fees
	ersburg, FL 33713	7(0)	Countr	·	Trust Fund Contribution  8. This corporation has liability for		
Zip	Country	Zip	30	í .		□ No	. 0 100.002,
24	25 Name and Address of Current		- F301 - F		10. Name and Address of New F		
	•		В	Name			
WINN, MARVIN			8	Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
1435 GUL	f to bay blyd		•		131 1st Street NW		
SUITE C			8				
CLEARWA	ITER FL 34615		8	4 City		85	Zip Code
			1	Lar	<b>qo</b> ration submits this statement for the pu	FL	34640
familiar with, a SIGNATURE: Signa	nd accept the obligations of Section in the hyperboror that name of registered agent a COFFICERS AND	ii 607,0505, Florida Stafute iii se tasserate (**)	s		and of directors. Thereby accept the approximation in the approximation and accept the ac	DATE	
12.	D OFFICE NA AND	DELETE	1 1 Tift	-		Cha	
NAME	BLANCO, SCOTT	_	1.2 NAM				
STREET ADDRESS	1105 FREEMONT ST. SOUT	H	13 S186	- T ADDRESS			
CITY-S1-ZIP	GULF PORT FL 33707			ST- 7IP			
TITLE		DELETE	2 1 107.			☐ Cha	nge 🔲 Addition
NAME			2 2 NAM				
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CITY-ST ZIP				ST-7IF			aga [] Addi sa
TITLE		DELETE	3 1 TITE			☐ Cha	inge 🔲 Addition
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TITLE		L) OLCETE	4 1 111 4 2 NAX				
NAME CAREET LABORES				E EL ADDRESS			
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CITY-ST-ZIF			5 4 CIT	st-zip			
HILE		☐ DELETE	€ 1 1.1			Ch.	ange 🔲 Addition
NAME			6.2 NAM	vi l			
STREET ADDRESS			63 S18	SSENDOR 14			
1			(40)	. CT 7(D			

14. If do hereby certify that the information supplied with this filing is voluntarity furnished and diles 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 trusted empowers if 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Blanco, Dir.