**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000039215

1. Corporation Name

SOUTHWEST EXTERIORS, INC.

<b>+</b> ⊊			•					
Principal Place		Mailing Address				[ [ [ ] ] ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	19 11:10 19119 11681	11861 8111 1861
6030 150TH AVI	ENIJE NORTH	6030 150TH AVENUE NOR	ìTH					
SUITE 74 SUITE 74						DO NOT MIDITE IN TH	IIC CDACE	
CLEARWATER FL 34620 CLEARWATER FL 34620 73.760						DO NOT WRITE IN TH  3. Date Incorporated or Qualifed	IS SPACE	
	33760	337	760	•		05/27/1993		
- D	Inna of Dunings	2a. Mailing Address				4. FEI Number		oplied For
	lace of Business	<b>⊢</b> '				59-3187504	<u></u>	ot Applicable
Suite, Apt.	# oto	Suite. Apt. #, etc.					\$8.75	
	#, 6tc.	27		_		5. Certifcate of Status Desired	Fee Re	
City & State	e	City & State		<u> </u>		c. Floation Compaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	•
Zip	Country	Zip		Country		8. This corporation owes the current year	Intangible	
24	25	29	30			Personal Property Tax.	Yes	□No
,	9. Name and Address of Current	Registered Agent	٠.			10. Name and Address of New Registere	ed Afgent	
	,			81	Name		1	
LOOMIS, ANSON L			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
6030 150TH AVENUE NORTH			•	02	Ollect Auc	1 10. 00x (10. 10x )		
SUITE 74				83				
CLE/	ARWATER FL <del>3402</del> 0 - 33 >6c	,		04	0.5		. 85 Zip	Code
		•		84	City	<b>F</b>	L	Code
11, Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, 1	he above	-named cor	poration submits this statement for the purpose	of changing its	registered
office or n	egistered agent, or both, in the State om m familiar with, and accept the obligati	of Florida. Such change was a ions of, Section 607,0505, Fla	autho orida	onzed by Statutes	tne corporat	ion's board of directors. I hereby accept the app	Jointment as re	gistered
-						• **		į
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOT	E: Reg	stered Ager	t signature requi	red when reinstating) DATE		
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE		1.1 TITLE			Change	, 🔲 Addition
NAME	LOOMIS, ANSON L			1.2 NAME				ļ
STREET ADDRESS	·			1.3 STREET	ADORESS			
CITY-ST-ZIP	CLEARWATER FL-34620 3.37			1.4 CITY-S	r-zip	<u> </u>		
TITLE	D DELETE 2:1		2.1 TITLE			Change	☐ Addition	
NAME	2510Zittotti, Triotiitto It		2.2 NAME					
STREET ADDRESS	2		2.3 STREE	ADDRESS			1	
CITY-ST-ZIP			2. 4 CITY-5	T-ZIP				
TITLE	☐ DELETE		3.1 TITLE		,	☐ Change	Addition	
NAME				3.2 NAME		•		
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY-5	T-ZIP	<u> </u>	<del></del> _	
TITLE		☐ DELETE		4.1 TITLE			☐ Change	☐ Addition (
NAME		•		4.2 NAME				
STREET ADDRESS				4.3 STREE	ADDRESS			
CITY-ST-ZIP				4.4 CITY-S	T-ZIP	*		
TITLE		☐ DELETE		5.1 TITLE		•	☐ Change	☐ Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREE				
CITY-ST-ZIP				5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE		6.1 TITLE			☐ Change	Addition
NAME				6.2 NAME				

14. I 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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

727-442-8673

Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90003 010 \*\*\*150.00