AMENDED

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY 10 PM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # P93 0000 47213

1. Corporation Name

McCullers Exteriors, Inc.

Principal Place of Business	Mailing Address
13509 Gibbons Pass Tampa Fl 33613	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: July 7, 1993	3a. Date of Last Report: 4/30/95
4. FEI Number: 593193222	☐ 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 13509 Gibbons Pass	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tampa Fl.	City & State 28
Zip 24 33613 Country 25 Hills	Zip 29 Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Jane L. McCullers 13509 Gibbons Pass Tampa Fl 33613	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 607.1508, 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 Jane L McCullers Jane L. McCullers (Pres.) 5/6/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	11 TITLE	Secretary ☐ Change ☒ Addition
NAME	Jane L. McCullers	12 NAME	Jeffrey Lee McCullers
STREET ADDRESS	13509 Gibbons Pass	13 STREET ADDRESS	13509 Gibbons Pass
CITY-ST-ZIP	Tampa Fl 33613	14 CITY-ST-ZIP	Tampa Fl 33613
TITLE		21 TITLE	Vice President ☐ Change ☒ Addition
NAME		22 NAME	Vance McCullers
STREET ADDRESS		23 STREET ADDRESS	15901 Livingston Ave
CITY-ST-ZIP		24 CITY-ST-ZIP	Lutz Fl 33549
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	900001485319
STREET ADDRESS		43 STREET ADDRESS	-05/12/95--01022--021
CITY ST ZIP		44 CITY ST ZIP	*****61.25 *****61.25
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	JP 5/10
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY ST 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 attachment with an address.

SIGNATURE: Jane L McCullers Jane L. McCullers 5/6/95 813-969-0109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #