

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

CORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

95 MAY -1 PM 10:11

DOCUMENT # **P93000062838 (6)**

POLK WINDOWS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

110 LAKE WHISTLER DR
AUBURNDALE FL 33823

110 LAKE WHISTLER DR
AUBURNDALE FL 33823

2	2a	3	3a
21	26	09/03/1993	04/19/1994
22	27	4	Applied For
23	28	59-3196272	Not Application
24	29	5	\$8.75 Additional Fee Required
		6	\$5.00 May Be Added to Fees
		8	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STOJKIC, T J 1517 COMMERCIAL PARK DR. LAKELAND FL 33801		B1 Name: Bedford Don	B5 Zip Code: 33823
		B2 Street Address: 110 Lake Whistler Dr.	
		B3	
		B4 City: Auburndale	FL

11. I, the undersigned, the president or vice president of the corporation, hereby certify that the above information is true and correct to the best of my knowledge and belief, and I am a director, officer, or shareholder of the corporation. *Don Bedford* Director 4/24/95

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
<p>D NAME: BEDFORD, DON ADDRESS: 110 LAKE WHISTLER DR. AUBURNDALE FL 33823</p> <p>D NAME: BEDFORD, MONA ADDRESS: 110 LAKE WHISTLER DR. AUBURNDALE FL 33823</p>	<p>1. NAME: _____ ADDRESS: _____</p> <p>2. NAME: _____ ADDRESS: _____</p> <p>3. NAME: _____ ADDRESS: _____</p> <p>4. NAME: _____ ADDRESS: _____</p> <p>5. NAME: _____ ADDRESS: _____</p> <p>6. NAME: _____ ADDRESS: _____</p> <p>7. NAME: _____ ADDRESS: _____</p> <p>8. NAME: _____ ADDRESS: _____</p>

14. I, the undersigned, certify that the information required with this filing is substantially true and correct, and that I am a director, officer, or shareholder of the corporation. *Don Bedford* Don Bedford 4/24/95 (818) 967-1190