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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 24 PM 12:46

DOCUMENT # **P93000071613 (2)**

1. Corporation Name
EXCELLENT EXTERIORS, INC.

Principal Place of Business	Mailing Address
5111-6 BAYMEADOWS ROAD SUITE 251 JACKSONVILLE FL 32217	5111-6 BAYMEADOWS ROAD SUITE 251 JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/1993
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business	2a. Mailing Address
21 3617 CROWN POINT RD	26 3617 CROWN POINT RD
Suite, Apt. #, etc. 22 SUITE 4	Suite, Apt. #, etc. 27 SUITE 4
City & State 23 JACKSONVILLE, FL	City & State 28 JACKSONVILLE, FL
Zip 24 32257 Country 25 USA	Zip 29 32257 Country 30 USA

4. FEI Number: 59-3194918 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROBERSON, JAMES 5111-6 BAYMEADOWS ROAD SUITE 251 JACKSONVILLE FL 32217	01 Name: JAMES ROBERSON 02 Street Address (P.O. Box Number Is Not Acceptable): 3617 CROWN POINT RD, SUITE 4 03 04 City: JACKSONVILLE FL 05 Zip Code: 32257

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 _____ (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	PTD	11 TITLE	PRESIDENT/SECRETARY/TREAS	☒ Change ☐ Addition
NAME	ROBERSON, JAMES	12 NAME	JAMES ROBERSON	
STREET ADDRESS	5111-6 BAYMEADOWS RD SUITE 251	13 STREET ADDRESS	3617 CROWN POINT RD, SUITE 4	
CITY-ST-ZIP	JACKSONVILLE FL 32217	14 CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	VSD	21 TITLE		☒ Change ☐ Addition
NAME	ALDEN, SANDRA	22 NAME		
STREET ADDRESS	5111-6 BAYMEADOWS RD SUITE 251	23 STREET ADDRESS	NO LONGER AN OFFICER	
CITY-ST-ZIP	JACKSONVILLE FL 32217	24 CITY-ST-ZIP		
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		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
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		
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)(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.

SIGNATURE: JM Roberson 5/18/95 JAMES ROBERSON (904) 886-9999
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0406066 FP