FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000075161**1. Corporation Name

ALL-BRITE ALUMINUM & VINYL, INC.

FILED Apr 07, 1999 8:00 am Secretary of State 04-07-1999 90051 015 ***150.00

				Ш

Principal Place of Business	Mailing Address					
760 C. GREENSBORO ROAD COCOA FL 32926	760 C. GREENSBORÓ ROAD COCOA FL 32926		DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed 10/29/1993			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For			
21	26		59-3206897 Not Applicab			
Suite, Apt. #, etc. Suite, Apt. #, etc. 27.			5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State City & State 28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May 8e Added to Fees			
Zip Country		ountry	8. This corporation owes the current year Intangible Personal Property Tax. Yes No			
9. Name and Address of Curr		10. Name and Address of New Registered Agent				
~	,2	81 Na	lame			
Carter, Robert M 1233 Highland Acres RD			Street Address (P.O. Box Number is Not Acceptable)			
APOPKA FL 32703		83				
			FL 85 Zip Code			
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta	1502 and 607.1508, Florida Statutes, the ate of Florida. Such change was authorize	above-na ed by the	armed corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered			

of the obligations of Section 607.0505, Florida Statutes

agent i am familiar with, and accept the congations of, course of visite states.									
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature required	when reinstating)	DATE				
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	P	DELETÉ	1.1 TITLE		☐ Change	Addition_			
NAME	CARTER, ROBERT M		1.2 NAME			ļ			
STREET ADDRESS	1233 HIGHLAND ACRES RD		1.3 STREET ADDRESS	•					
CITY-ST-ZIP	APOPKA FL 32703		1.4 CITY-ST-ZIP						
TITLE	V	DELETE	2.1 TITLE		☐ Change	☐ Addition			
NAME	CARTER, ELIZABETH K		2.2 NAME						
STREET ADDRESS	1233 HIGHLAND ACRES RD		2.3 STREET ADDRESS	•					
CITY'ST:ZIP-	APOPKA-FL-32703	از حسند حسات	2.4 CITY: ST-ZIP						
TITLE		DELETE	3.1 TITLE		Change	☐ Addition			
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP	·		3.4. CITY-ST-ZIP	A ARRIVATOR OF THE PROPERTY OF					
TITLE ·		DELETE	4.1 TITLE		☐ Change	☐ Addition			
NAME			4, 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY- ST-ZIP						
TITLE		DELETE	5.1 TITLE		Change	Addition			
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		DELETE	6.1 TITLE		Change	☐ Addition			
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP		115.5	6.4 CITY-ST-ZIP	testion 110 07/2\(\textit{i}\) Elegida Statutes I fur	that sortify that the in	formation			

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 changes or on an attachment with an address with all other like empowered.

SIGNATURE: