

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000009127 (9)**

1. Corporation Name

QUALITY VINYL PRODUCTS, INC.



Principal Place of Business

**1025 BAY ROAD
MOUNT DORA FL 32757
US**

Mailing Address

**33725 LAKESHORE DRIVE
TAVARES FL 32778
US**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/03/1994

3a. Date of Last Report

04/17/1995

4. FEI Number

59-3224062

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

g. Name and Address of Current Registered Agent

**FEIKERT, WILLIAM
33725 LAKESHORE DR.
TAVARES FL 32778**

10. Name and Address of New Registered Agent

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Typed or Printed Name)

Signature of Registered Agent (Typed or Printed Name)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

1.2 NAME **D
FEIKERT, WILLIAM**
1.3 STREET ADDRESS **33725 LAKESHORE DRIVE**
1.4 CITY, ST, ZIP **TAVARES FL 32778**

1.1 TITLE ☒ DELETE

1.2 NAME **~~D
MACDONALD, TIMOTHY~~**
1.3 STREET ADDRESS **~~33625 LINDA DR.~~**
1.4 CITY, ST, ZIP **~~LEECSBURG FL 34788~~**

1.1 TITLE ☐ DELETE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

1.1 TITLE ☐ DELETE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

1.1 TITLE ☐ DELETE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

1.1 TITLE ☐ DELETE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

1.1 TITLE ☐ DELETE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **PRESIDENT
FEIKERT, WILLIAM**
1.3 STREET ADDRESS **33725 LAKESHORE DR.**
1.4 CITY, ST, ZIP **TAVARES, FL 32778-5078**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **VICE PRESIDENT
FEIKERT, BARBARA**
2.3 STREET ADDRESS **33725 LAKESHORE DR.**
2.4 CITY, ST, ZIP **TAVARES, FL 32778-5078**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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: **BARBARA FEIKERT** *Barbara Feikert* **2/10/96** **352-735-5101**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)