

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90014 005 ***550.00

DOCUMENT # **P94000016536**

Corporation Name

ALUMINUM & VINYL, INC.

Principal Place of Business

**10623 AVIATION BLVD.
MARATHON FL 33050**

Mailing Address

**10971 6TH AVE. GULF
MARATHON FL 33050
US**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

10623 AVIATION BLVD.

Suite, Apt. #, etc.

2a. Mailing Address

26 10623 AVIATION BLVD

Suite, Apt. #, etc.

City & State

MARATHON, FLORIDA

Zip

33050

Country

25 US

City & State

28 MARATHON, FLORIDA

Zip

29 33050

Country

30 US

3. Date Incorporated or Qualified

02/28/1994

4. FEI Number

65-0468230

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**WRIGHT, THOMAS D
5701 OVERSEAS HWY.
MARATHON FL 33050-0177**

10. Name and Address of New Registered Agent

81 Name

WRIGHT, THOMAS D

82 Street Address (P.O. Box Number is Not Acceptable)

9711 OVERSEAS HWY

83

MARATHON

84 City

FLORIDA

FL

85 Zip Code

33050

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.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T-ADDRESS	DPT PERRY, MICHAEL W 10971 6TH AVE, GULF MARATHON FL	<input type="checkbox"/> DELETE
T-ZIP		
T-ADDRESS	DVS PERRY, CHERI L. 10971 6TH AVE, GULF MARATHON FL	<input type="checkbox"/> DELETE
T-ZIP		
T-ADDRESS		<input type="checkbox"/> DELETE
T-ZIP		
T-ADDRESS		<input type="checkbox"/> DELETE
T-ZIP		
T-ADDRESS		<input type="checkbox"/> DELETE
T-ZIP		
T-ADDRESS		<input type="checkbox"/> DELETE
T-ZIP		

1.1 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PERRY, MICHAEL W	
1.3 STREET ADDRESS	10623 AVIATION BLVD	
1.4 CITY-ST-ZIP	MARATHON, FLORIDA 33050	
2.1 TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PERRY, CHERI L	
2.3 STREET ADDRESS	10623 AVIATION BLVD	
2.4 CITY-ST-ZIP	MARATHON, FLORIDA 33050	
3.1 TITLE	PERRY, CHRISTINE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	10623 AVIATION BLVD	
3.4 CITY-ST-ZIP	MARATHON, FLORIDA 33050	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 dictated 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.

NATURE:

SIGNATURE REQUIRED

8-14-99

289-6423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)