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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000025755 (7)

DOCUMENT # 1. Corporation Name ALENCO INTERNATIONAL, INCORPORATED

Principal Place of Business Mailing Address							11 44 11 36 11 11 11 11 11 11 11 11 11 11 11 11 11		
	MERCE CIRCLE DD FL 32750		735 COMMERCE CIRCLE LONGWOOD FL 32750						
2 Principal D	lace of Business					3. Date Incorporated or Qualified 03/28/1994	3a. Date of 08		Report 1995
21	ace of business	2a. Mailing Address				4. FEI Number		T	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				59-3234629			Not Applicable
22		27				5. Certificate of Status Desired			5 Additional
City & State	e	City & State				6. Election Campaign Financing			Required
23		28				Trust Fund Contribution			00 May Be led to Fees
Ζιρ 24	Country	Zip	Countr	У		8. This corporation has liability for in	ntangible tax u		
	25 9. Name and Address of Curren	[29]	30			Florida Statutes 🔀 Yes	□No		
	or the same and Address of Obrigin	r negistered Agent	81	Nan		10. Name and Address of New Ro	gistered Age	ant	
BLAND), G. THOMAS JR.		["	L					
	ABB DR.		82 Street Add			s (P.O. Box Number is Not Acceptable	e)		
	NA FL 32738		83	 					
	•								
			84	T,					ip Code
 Pursuant t or register familiar wit 	to the provisions of Sections 607.0502 ed agent, or both, in the State of Floric th, and accept the obligations of, Section	corporations's board	on submits this statement for the purp of directors. I hereby accept the appoi		ng its isterer	registered office d agent. I am			
SIGNATURE .									
12.	Signature, typed or printed name of registered agent a		TE: Registered Ager	it signatur	e required wf		DATE		
TIFLE	OFFICERS AND	DELETE	13.			ADDITIONS/CHANGES TO OFFIC			DRS IN 12
NAME	ALLEN, RONALD P	- Decene	1. 1 TITLE				□ c	hange	Addition
STREET ADDRESS	1630 MYRTLE LAKE HILL RE).	1.2 NAME 1.3 STREET	ADDDDCC	.				
CITY-ST-ZIP	LONGWOOD FL 32750	•	1.4 CITY - S		'				
TITLE	D	☐ DELETE	2 1 TITLE	1-ZIF					Maddinia.
NAME	Blanchard, G. Robert Si	R.	2 2 NAME				☐ Ci	ange	☐ Addition
STREET ADDRESS	201 KENNEDY BLVD.		2.3 STREET	ADDRESS	,				
CITY-ST-ZIP	TAMPA FL 33602		24 CITY-S	T-ZIP					
TITLE	ST CTUDING BLAND ID	DELETE	3 1 TITLE			7t/d	₹ Cr	nange _	Addition
NAME	G.THOMAS BLAND JR.		3.2 NAME			Thomas Bland Jr.	_		
STREET ADDRESS	3455 TABB DRIVE DELTONA FL 32738		3.3 STREET	ADDRESS		5 Tabb Drive			
CITY-ST-ZIP	DELTONA FL 32/38	T DELETE	3.4 CITY-S	- ZIP	Del	tona, FL 32738			
NAME		DELETE	4. 1 TITLE				☐ Ch	ange	☐ Addition
STREET ADDRESS			4.2 NAME						
CITY-ST-ZIP			4.3 STREET		Ì				
IITLE		☐ DELETE	4.4 CITY - ST 5 1 TITLE	- ZIP	 				
NAME		<u></u>	5.2 NAME		1		☐ Ch	ange	☐ Addition
STREET ADDRESS			5.3 STREET A	DOBECC.					
DITY-ST-ZIP			5.4 CITY - ST						
ITLE		☐ DELETE	6. 1 TITLE	Ln .	 		Ch.	ange	Addition
IAME			6.2 NAME					หาผิด	☐ voquon
TREFT ADDRESS			6.3 STREET A	DDRESS					
TY-ST-ZIP	20.414 Ab - A.M C.Z.		64 CITY-ST	ZIP					
→ LOO hereby	certify that the information supplied wit	h this filing is voluntarily furnical	and hear her		-116 . A Al				

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE:

G. Thomas Bland, JR

SIGNATURE AND TYPEGUR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Thomas Bland, JR. VSTD

407-774-7100