ANNUAL REPORT
1995

Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000031413 (5)

1. Corporation Name
PINE ISLAND WALL SYSTEMS, INC.

Principal Place of Business	Mailing Address
2312 MYSTIC DR SARASOTA FL 34232	2312 MYSTIC DR SARASOTA FL 34232

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/25/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 16200 ANTIGUA WAY
22: Suite, Apt. #, etc.
23: BOKEELIA FL
24: Zip 33922 25: Country U.S.

2a. Mailing Address
26: P.O. Box 462
27: Suite, Apt. #, etc.
28: BOKEELIA, FL
29: Zip 33922 30: Country U.S.

4. FEI Number: 65-0487460 ☐ 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

BEARDSLEY, ARTHUR C
2312 MYSTIC DR
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 16200 ANTIGUA WAY
83
84 City: BOKEELIA FL 85 Zip Code: 33922

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	☑ Change	☐ Addition
NAME	BEARDSLEY, ARTHUR C	12 NAME		
STREET ADDRESS	2312 MYSTIC DR	13 STREET ADDRESS	16200 ANTIGUA WAY	
CITY-ST-ZIP	SARASOTA FL 34232	14 CITY-ST-ZIP	BOKEELIA, FL 33922	
TITLE	D	21 TITLE	☑ Change	☐ Addition
NAME	BEARDSLEY, BARBARA	22 NAME		
STREET ADDRESS	2312 MYSTIC DR	23 STREET ADDRESS	16200 ANTIGUA WAY	
CITY-ST-ZIP	SARASOTA FL 34232	24 CITY-ST-ZIP	BOKEELIA, FL 33922	
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)(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 Beardsley / BARBARA BEARDSLEY 4/26/95 813 283-8182
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0349184 CP