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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000051508 (7)

ECONOMY CAULKING, INC.

appears in Block 12 or Blo

SIGNATURE:

Principal Piac 2937 163RD A CLEARWATER	IVE. N.	5	2937 163	Mailing Address 2937 163RD AVE. N. CLEARWATER FL 34630-1935									
								3. Date Incorpor			te of Last R	leport	7
2. Principal F	Place of Busin	0088	2a. Maili	ing Address				07/05/1994 4. FEI Number	<u> </u>	U9/s	30/1996	oplied For	-
21	table of the		——————————————————————————————————————	26								ot Applicable	,†
Suite, Apt.	#, elc.			Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Addition				1
22			27					6. Certificate of s	Status Desireu	- 	Fee R	equired	
City & Stat	te		<u> </u>	City & State					6. Election Campaign Financing \$5.00 May Be				
7.0	·	Country	28	Zip Country				·····	Trust Fund Contribution				
Zip 24	, ` ⊢, `			29 30			8. This corporation has liability to			Yes No			
.24		and Address of Curre		Agent	1901	Ţ		10. Name and Ac					-
JAI.	AES, TIM					81	Name						1
	7 163RD A	VE. N.				82	Street 4	Address (P.O. Box Numb	er is Not Acceptat	nia)			4
CLEARWATER FL 34620							Oliber 2	dinor vod O. i) sagno	er is not noospial				
						83							
						64	City				85 Zip	Code	┪
				00 Ft 11 01 1		Ļ	<u> </u>			FL	<u> </u>		_
11. Pursuant office or i	to the provis registered ag	ions of Sections 607.050 jent, or both, in the State	J2 and 607-15 of Florida Su	08, Florida Statu Ich change was	ites, the a authorize	d by	e-named (/ the corp	corporation submits this coration's board of directors	statement for the p ors. I hereby accep	ourpose of pt the app	changing i pintment as	ts registered registered	
agent La	am tamiliar wi	th, and accept the oblig	ations of, Sec	tion 607.0505, F	lorida Sta	tutes	š					_	
SIGNATURE	Clay two brend	or punied mirror of registered ag	and and tit a dipartie	rable (MC	TL Booletore	rt And	n) ringal va	required when reinstating)		DATE			Ì
12.	aignature typeo	OFFICERS AN			13.	o Age	ant signature i		IANGES TO OFFIC		DIRECTOR	RS IN 12	79
TITLE	PD	***************************************	DELETE 1.11			ITLE					☐ Change	Addition	- 8
NAM !	A JAMES, TIM			1.2 N			Ì						1
STREET ADDRESS	2937 163	BRD AVE. N.			1.3 S	TREET	ADDRESS						ľ
CITY+ST-ZIP	CLEARW	ATER FL 34620			1.4 0	ITY-S	T-ZiP						
THTLE	STD			DELETE	2.1 1	ITLE					Change	Addition	١
NAMÉ	CLAVER,				2.2 N	IAME							
STREET ADDRESS		EHURST DRIVE			2.3 S	TAEET	ADDRESS						
CrTy - S1 - ZIP	***************************************	E FL 34647		Driett			ST-ZIP		was the state of t		[] C	Addition	4
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NAME					1	NAME	}				• •		
STREET ADDRESS							ADDRESS					-	Ŧ
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TITLE				DELETE	51 T	HTLE					Change	Addition	7
NAME					5.2 N	AME							
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THE				DELETE	6.1 T	ITLE					L Change	Addition	1
NAME					6.2 N		1						
STREET ADDRESS	1				6.3 \$	TREET	ADDRESS						- [

64 CITY-S1-ZIP

14. If do 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 in the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name