

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 AUG -4 AM 10:41

DOCUMENT # P94000060291 (9)

1. Corporation Name

FLORIDA VINYL PRODUCTS OF PENSACOLA, INC.

Principal Place of Business

940 W. NINE MILE RD.  
PENSACOLA FL 32524

Mailing Address

2460 W. NINE MILE RD.  
PENSACOLA FL 32524

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/01/1994

3a. Date of Last Report

2. Principal Place of Business

21 6909 Pensacola Blvd.

2a. Mailing Address

26 6909 Pensacola Blvd.

4. FBI Number

59-3263302

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

6. This corporation has liability for intangible tax under c. 199.032,  
Florida Statutes ☒ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Pensacola, FL

City & State

28 Pensacola, FL

24 32505

25 Escambia

29 32505

30 Escambia

9. Name and Address of Current Registered Agent

LLOYD, KENNETH E  
2460 W. NINE MILE RD.  
PENSACOLA FL 32524

10. Name and Address of New Registered Agent

81 Name K. X. WILBORN, CPA

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

6012 TIPPIN AVE.

83

84 City Pensacola

85 Zip Code FL 32504

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 is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, Section 607.0502, Florida Statutes.

SIGNATURE

*Katherine X. Wilborn*

Katherine X. Wilborn 72595

(Signature must be printed name of registered agent and file it applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D LLOYD, KENNETH E  
9897 REBEL RD.  
PENSACOLA FL

delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D/P CRUTCHFIELD, SHARON A

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

HOPFMAN, LINDA G

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Director  
Mike McDonald  
2000 W Beach Rd  
Gulf Shores, AL

☐ Change ☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

*Sharon A. Crutchfield*

(Signature and typed or printed name of signing officer or director)

Date

Signature Page 2

CR2034 (3/95)