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

PROFIT CORPORATION **ANNUAL REPORT**

1997

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400060291 (9)

FLORIDA VINYL PRODUCTS OF PENSACOLA, INC.

Principal Place of Business Mailing Address 6909 PENSACOLA BLVD 8909 PENSACOLA BLVD PENSACOLA FL 32505 PENSACOLA FL 32505-1221 3a. Date of Last Report 3. Date Incorporated or Qualified 09/01/1994 05/21/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-3263302 Not Applicable Suite, Apt. #, etc. \$8.75 Additional etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No Country Zip Country $Z_{\rm IP}$ 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WILBORN, K X CPA 6012 TIPPIN AVE 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32504 83 84 City 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 (NOTL_Hogistered Agent's griature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE TITLE 1.1 DH F MCDONALD, MIKE NAME 1.2 NAME 2000 W BEACH RD 1.3 STREET ADDRESS STREET ADDRESS **GULF SHORES FL** 1.4 CITY-S1-7IP CITY - ST - ZIP Change Addition DELI TE 2.1 TO LE TITLE CRUTCHFIELD, SHARON A NAME 2.2 NAME 2000 W. BEACH RD. 2.3 STREET ADDRESS STREET ADDRESS **GULF SHORES AL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY+S1+ZIP CITY-ST-ZIP Addition DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS

14. I do hereby certify that the information supplied will this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutos. 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 Statutos; and that my name appears in Block 12 or Block 13 if changed, or an attachment with an address. Khann A Carlettell

5.4 CITY-S1-ZIP

6.3 STREET ADDRESS

6 1 TOLE

G.2 NAME

DELETE

Change

Addition

FILED

Jun 05 1997 8:00am

Secretary of State