

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P94000062646 (2)

1. Corporation Name

SOUTHEASTERN SCREEN & SHUTTER, INC.

FILED

95 AUG 10 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

113 SOUTH DRIVE  
ISLAMORADA FL 33036

Mailing Address

113 SOUTH DRIVE  
ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 88901 OVERSEA HIGHWAY

26 88901 OVERSEA HIGHWAY

4. FEI Number

65-0548307

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

23 PLANTATION KEY, FL

28 PLANTATION KEY, FL

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

24 Zip

Country

29 Zip

Country

30 33070

25 USA

31 33070

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

81 Name

KENNETH A. LUNDY

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

88901 OVERSEA HIGHWAY

83

84 City

PLANTATION KEY

FL

85 Zip Code

33070

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

*Kenneth A. Lundy*

NOTE: Registered Agent signature required when re-registering.

PRES.

4-24-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                     |
|----------------|---------------------|
| TITLE          | D                   |
| NAME           | LUNDY, KENNETH A    |
| STREET ADDRESS | 113 SOUTH DRIVE     |
| CITY-ST- ZIP   | ISLAMORADA FL 33036 |
| TITLE          |                     |
| 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    |                     |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 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 110.07(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:

*Kenneth A. Lundy* KENNETH LUNDY

4-24-95

805-852-5533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (3/95)