## **FILED**

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90158 049 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P94000069651
4 Corneration Name	1 0 10000000

EXTERIORS INC

Principal Place of Business	Mailing Address		
P.O. BOX 188 BOSTWICK FL 32007	P.O. BOX 188 BOSTWICK FL 32007		
-			

Principal Place	of Business	Mailing Address			i			
O. BOX 188 P.O. BOX 188 OSTWICK FL 32007 BOSTWICK FL 32007					DO NOT WRITE IN THIS S	PACE		
	-				-3Date Incorporated or Qualified			
	(6)	2a, Mailing Address			4. FEI Number	1 1	pplied	
2. Principal Pla ¬	ce of Business	<b>⊢</b>			59-3261544	<u></u>	lot App	licable
1	<u> </u>	Suite, Apt. #, etc.				\$8.75		
Suite, Apt. #	, etc.	<del></del>			5. Certificate of Status Desired	Fee R	Require	<u>d</u>
2		City & State			6. Election Campaign Financing	\$5.00	) May	Be
_ City & State		<b>⊢</b> ¬ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			Trust Fund Contribution		to Fee	
3		28	ountry		8. This corporation owes the current year Intangible			
Zip	Country		oundy		Personal Property Tax.	∐Yes	ZN	0
4	25	29 30			10. Name and Address of New Registered A	gent		
	9. Name and Address of Current	Registered Agent	81	Name	10. 110.110			
	ou portina		١٠.					
	ON, BRENDA		82 Street Address (P.O. Box Number is Not Acceptable)					
6683 CRILL AVENUE								
PALA	TKA FL 32177		83					
			84	City	FL		Code	
		Control Flacial Statuton the	abov	anamed Co	orporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoin	hanging i	ts regis	stered
11. Pursuant t office or re agent. I ar	o the provisions of Sections 607.0502 egistered agent, or both, in the State on Infamiliar with, and accept the obligat	2 and 607.1508, Florida Statutes, like of Florida. Such change was authorizations of, Section 607.0505, Florida S	zed by tatutes	the corpor	orporation submits this statement for the pulpose of c ation's board of directors. I hereby accept the appoin	ment as i	registe	rea
SIGNATURE		AIOTE: Poglet	ored Ace	at signature reg	uired when reinstating) DATE			
	Signature, typed or printed name of registered agen		3.	it signature roq	ADDITIONS/CHANGES TO OFFICERS AN	DIREC	TORS	IN 12
12.	OFFICERS AN	DUNCOTORO	1 TITLE			Change	e [	Addition
TITLE	PD	<u> </u>						
NAME	GRIFFIS, JUDY M		2 NAME					
STREET ADDRESS	P.O. BOX 188 HWY 17 #1420			T ADDRESS				
CITY-ST-ZIP	BOSTWICK FL 32007		4 CITY-9	iT-ZiP		Chang	је Г	Addition
TITLE			1 TITLE				_	_
NAME		÷ 2	.2 NAME					,,

SIGNATURE	(NOTE: F	Registered Agent signature rec	quired when reinstating)
	Signature, typed or printed halite or registered ogen and a printed halite or registered or regi	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND DIRECTORS  DD DELETE	1.1 TITLE	Change Addition
TITLE	PD		
NAME	GRIFFIS, JUDY M	1.2 NAME	
STREET ADDRESS	P.O. BOX 188 HWY 17 #1420	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTWICK FL 32007	1.4 CITY-ST-ZIP	Change Addition
TITLE	☐ DELETE	2.1 TITLE	
NAME		2.2 NAME	· · ·
		2.3 STREET ADDRESS	
STREET ADDRESS		2. 4 CITY-ST-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP TITLE	☐ DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
		3.4. CITY+ST-ZIP	
CITY-ST-ZIP	☐ DELETE	4.1 TITLE	Change Addition
		4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP	DELETE	5.1 TITLE	Change Addition
		5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5,4 CITY+ST-ZIP	
CITY-ST-ZIP	DELETE	6.1 TITLE	☐ Change ☐ Addition
TITLE		6.2 NAME	

14. I 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 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 change or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS