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Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000081358 (1)

1. Corporation Name
AMERICAN HOOD SYSTEMS, INC.



Principal Place of Business
5700 TAYLOR RD
C-2
NAPLES FL 33942 34109

Mailing Address
5700 TAYLOR RD
C-2
NAPLES FL 34109-1820

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
11/04/1994

3a. Date of Last Report
04/29/1996

4. FEI Number
65-0531433

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

SONYA K. WIEGOLD
756 100TH AVE N.
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL 34108

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DT
NAME WIEGOLD, SONYA K
STREET ADDRESS 756 100TH AVE. NORTH
CITY-ST-ZIP NAPLES FL 33963

TITLE P
NAME RICHARD M. WIEGOLD JR.
STREET ADDRESS 756 100TH AVE N.
CITY-ST-ZIP NAPLES FL 33963

TITLE VP
NAME DAVID C. NEWKICK JR.
STREET ADDRESS 5263 CONFEDERATE DR
CITY-ST-ZIP NAPLES FL 33962

TITLE S
NAME RODNEY NEWKIRK
STREET ADDRESS 2054 PINE ISLE LN
CITY-ST-ZIP NAPLES FL 33962

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 DIST
1.2 NAME Wiegold, Sonya K.
1.3 STREET ADDRESS 756 100TH AVE. N.
1.4 CITY-ST-ZIP Naples, FL 34108

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 included 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: Amya K Wiegold Sonya K Wiegold 2/18/97 547-2292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)