

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000016118 (8)

1. Corporation Name

HURRICANE SHUTTER & SCREEN SERVICES, INC.



Principal Place of Business

811 8TH LN
PALM BEACH GARDENS FL 33418

Mailing Address

811 8TH LN
PALM BEACH GARDENS FL 33418

2. Principal Place of Business

21 15722 83rd Way N.

Suite, Apt. #, etc.

22

City & State

23 Palm Beach Gardens FL

Zip

24 33418

Country

25 Palm Bch

2a. Mailing Address

26 15722 83rd Way N.

Suite, Apt. #, etc.

27

City & State

28 Palm Beach Gardens FL

Zip

29 33418

Country

30 Palm Bch

3. Date Incorporated or Qualified

02/24/1995

3a. Date of Last Report

4. FEI Number

65-0558982

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

WELLS, EDWIN D

811 8TH LN

PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81

Name

Edwin D. Wells

82

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

83

City

15722 83rd Way N.

84

City

Palm Beach Gardens FL

85 Zip Code

33418

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

Signature, typed in printed name of registered agent, and the date signed.

(If the Registered Agent's signature is required when not dating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WELLS, EDWIN D
STREET ADDRESS 811 8TH LN
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

☐ DELETE

TITLE D
NAME WELLS, KATHLEEN M
STREET ADDRESS 811 8TH LN
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.V.T. S.D.
1.2 NAME Wells, Edwin D
1.3 STREET ADDRESS 15722 83rd Way N
1.4 CITY-ST-ZIP Palm Beach Gardens FL 33418

☒ 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:

Edwin D. Wells

Edwin D. Wells

4/25/96

575-3353
407-644-9165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)