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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

P95000019890 (9)

| 1. Corporation FLAMI  | n Name<br>INGO SHUTTERS, INC.   | 00019890 (   | 9)                           |                                  |   |                          |                               |
|---|---|--|------------------------------|----------------------------------|---|--------------------------|-------------------------------|
| Principal Place<br>2117 EVERE<br>CAPE CORA                                    | est parkway   | Mailing Address<br>2117 EVEREST PARKWAY<br>CAPE CORAL FL 33904   |                              |                                  |   |                          |                               |
|   |   |  |                              |                                  | 3. Date Incorporated or Qualified 03/10/1995  | 3a. Date of Last         | Report                        |
| Principal Place of Business     The Principal Place of Business               |   | 2a. Mailing Address<br>26  | <del>├─</del> ┐ <sup>-</sup> |                                  | 4. FEI Number 650253562   |                          | Applied For<br>Not Applicable |
| Suite, Apt. #, etc  |   | Suite, Apt. #, etc.  |                              | 5. Certificate of Status Desired |   | 5 Additional<br>Required |                               |
| City & State  |   | City & State   |                              |                                  | Election Campaign Financing     Trust Fund Contribution   | □ \$5.0                  | 00 May Be<br>ed to Fees       |
| Zip<br><b>24</b>  | Country 25  | Zip<br><b>29</b>   | 30 Co                        | ountry                           |   | <b>™</b> No              | 199.032,                      |
|   | 9. Name and Address of Curren   | t Registered Agent   |                              | 81 Name                          | 10. Name and Address of New R   | egistered Agent          |                               |
| POWELL, WILLIAM M<br>2002 DEL PRADO BLVD.<br>SUITE 105<br>CAPE CORAL FL 33990 |   |  |                              |                                  | dress (P.Ö. Box Number is Not Acceptab  |                          | 'ıp Code                      |
| SIGNATURE   | Styrature, tyced or protect have of registered a great<br>OFFICERS AND    | कर्णातिक कार्या वार्या कार्या कार्य |                              | a Apontegrative in a n           | oration submits this statement for the pur<br>and of directors. I hereby accept the appoint<br>ediateminishing.  ADDITIONS/CHANGES TO OFF |                          |                               |
| TITLE NAME STREET ADDRESS C(Ty - ST - ZIF                                     | DPT BARRENTINE, KEVIN \$ 2117 EVEREST PARKWAY CAPE CORAL FL 33904         | ☐ DELETE   | 1 1 1 1 2 M                  | TITLE<br>NAME<br>STREET ADDRESS  | ACCITIONS CHANGES TO OFF  | CERS AND DIRECTO         | DRS IN 12 S                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | DVS<br>BARRENTINE, DONNA<br>% 2117 EVEREST PARKWAY<br>CAPE CORAL FL 33904 | ☐ DELETE   | 2 1<br>22 N<br>23 S          |                                  |   | Change                   | Addition C                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | [] DELETE  | 3 1 1<br>3 2 N<br>3 3 S      | TILE<br>AME<br>STREET ADORESS    |   | Change                   | Addition                      |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP  |   | ☐ DELETE   | 4 1 1<br>4 2 N<br>4 3 S      | AME<br>FREET ADDRESS             |   | ☐ Change                 | Addition                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | ☐ DELETE   | 5 I T<br>52 N<br>53 S        |                                  |   | Change                   | Addition                      |
| TITLE NAME STREEF ADDRESS   |   | ☐ DEVETE   | 6 1 T<br>6 2 N               | I"LE                             |   | ☐ 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 119.37(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 in a 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.

6.4 CITY - \$1 - ZIP

SIGNATURE: Vice President - Donna Barrentine &

Jonna Barrentine 5-7-96 941-722206