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 # **P95000028652 (2)**

1. Corporation Name
TROPICAL HURRICANE PANEL COMPANY

Principal Place of Business
8736 N.W. 40TH ST.
CORAL SPRINGS FL 33065

Mailing Address
8736 N.W. 40TH ST.
CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified: 04/12/1995
3a. Date of Last Report:

2. Principal Place of Business
21 10104 N.W. 53 ST.
Suite, Apt. #, etc.
22
City & State
23 SUNRISE, FL.
Zip 24 33351
Country 25 Broward

2a. Mailing Address
26 10104 NW 53 ST.
Suite, Apt. #, etc.
27
City & State
28 Sunrise, FL.
Zip 29 33351
Country 30 Broward

4. FEI Number: 65-0565577 — 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
ERICKSON, GLEN R
8736 N.W. 40TH ST.
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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: GLEN ERICKSON PRES. 4-1-96
Signature of Registered Agent — Typed or Printed Name — Date

12. OFFICERS AND DIRECTORS

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres ☐ Change ☐ Addition
1.2 NAME	Glen Erickson
1.3 STREET ADDRESS	8736 NW 40 St.
1.4 CITY-ST-ZIP	~~Sunrise~~ Coral Springs, Fl. 33065
2.1 TITLE	VP - Sec. - Treas. ☐ Change ☐ Addition
2.2 NAME	LINDA ERICKSON
2.3 STREET ADDRESS	8736 NW 40 St.
2.4 CITY-ST-ZIP	Coral Springs, Fl. 33065
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: Linda Erickson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96 — Date
954-572-0247 — Daytime Phone #