TEL:

Apr 2

FILED
May 20 1998 8:00am
Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P95000039819 (4)

1. Corporation Name
D. THOMAS ALUMINUM & HOME IMPROVEMENT, INCORPORATED

[redacted]

Principal Place of Business	Mailing Address
2050 BROKEN ARROW TR. N. LAKELAND FL 33813	2050 BROKEN ARROW TR. N. LAKELAND FL 33813

DO NOT WRITE IN THIS SPACE

21	2a. Principal Place of Business	25	2b. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip / 25 Country	29	Zip / 30 Country

3. Date Incorporated or Qualified: 05/18/1995

4. FEI Number: 59-3297964 ☐ 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

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GRAHAM, JOHN
2050 BROKEN ARROW TRAIL NORTH
LAKELAND FL 33813

10. Name and Address of New Registered Agent

31	Name
32	Street Address (P.O. Box Number is Not Acceptable)
33	
34	City / FL / 35 Zip Code

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 _____ Date
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, DAVID E		1.2 NAME		
STREET ADDRESS	1951 MICHELLE LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GRAHAM, JOHN		2.2 NAME		
STREET ADDRESS	2050 BROKEN ARROW TR. N.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, NANCY		3.2 NAME		
STREET ADDRESS	1951 MICHELLE LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GRAHM, KELLY		4.2 NAME		
STREET ADDRESS	2050 BROKEN ARROW TRAIL N.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		4.4 CITY ST ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY ST ZIP		

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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 changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED 4/28/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0418277

CR2E036 (1/97)