AMENDED REPORT

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
99 DEC 21 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000039819

1. Corporation Name

D. Thomas Aluminum + Home Improvement, Inc.

Principal Place of Business / Mailing Address

2050 Broken Arrow Tr. N.
Lakeland, FL

3. Date Incorporated or Qualified: 5/18/95
3a. Date of Last Report: 4/23/99

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-3297164 ☐ 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

Graham, John
2050 Broken Arrow Trail N.
Lakeland, FL 33813

10. Name and Address of New Registered Agent

81 Name: W.C. Keith
82 Street Address (P.O. Box Number is Not Acceptable): 1517 Commercial Park Dr.
83
84 City: Lakeland FL 85 Zip Code: 33801

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: [signature] 12/3/99
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P ☐ DELETE | 11 TITLE | ☐ Change ☐ Addition |
| NAME | Thomas, David | 12 NAME | 600003082306--0 |
| STREET ADDRESS | 1951 Michelle Lane | 13 STREET ADDRESS | -12/28/99--01076--001 |
| CITY-ST-ZIP | Lakeland, FL 33813 | 14 CITY-ST-ZIP | *****61.25 *****61.25 |
| TITLE | VD ☒ DELETE | 21 TITLE | ☐ Change ☐ Addition |
| NAME | Graham, John | 22 NAME | |
| STREET ADDRESS | 2050 Broken Arrow Trail N. | 23 STREET ADDRESS | |
| CITY-ST-ZIP | Lakeland, FL 33813 | 24 CITY-ST-ZIP | |
| TITLE | T ☐ DELETE | 31 TITLE | ☐ Change ☐ Addition |
| NAME | Thomas, Nancy | 32 NAME | |
| STREET ADDRESS | 1951 Michelle Lane | 33 STREET ADDRESS | |
| CITY-ST-ZIP | Lakeland, FL 33813 | 34 CITY-ST-ZIP | |
| TITLE | S ☒ DELETE | 41 TITLE | ☐ Change ☐ Addition |
| NAME | Graham, Kelly | 42 NAME | |
| STREET ADDRESS | 2050 Broken Arrow Trail N. | 43 STREET ADDRESS | |
| CITY-ST-ZIP | Lakeland, FL 33813 | 44 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 12/3/99 12/14
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DAVE E. Thomas