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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000059000 (6) DOCUMENT

SOUTHEASTERN VINYL SIDING, INC.

Principal Place of Business Mailing Address 5331 Grove Valley RD. 5331 GROVE VALLEY RD. TALLLAHASSEE FL 32303 TALLLAHASSEE FL 32303 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/28/1995 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-3325964 21 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. XX Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name EVANS, JOHNNY D JR. 5331 GROVE VALLEY RD. **B2** Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32303 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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, typed or printed name of registered agent and tilkuil applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OELETE 1.1 TITLE Change Addition TITLE EVANS, JOHNNY D JR. 1.2 NAME NAME 5331 GROVE VALLEY ROAD STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL 32303 1.4 City - St - ZiP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE **EVANS, JUSTIN D** 2.2 NAME **ROUTE 3, BOX 100C** STREET ADDRESS 2.3 STREET ADDRESS MONTICELLO FL 32344 CITY-ST-ZIP 2.4 CITY-ST-ZIP Change DELETE Addition TITLE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - ST - ZIP DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME

5.3 STREET ADDRESS

63 STREET ADDRESS

6.4 CITY - ST - 7IP

54 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

Block 12 or Block 13 if changed or on an attachment with an address.

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

Change

Addition

FILED

Apr 30 1998 8:00am

Secretary of State