

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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90119 029 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P95000059000**

1. Corporation Name  
**SOUTHEASTERN VINYL SIDING, INC.**



Principal Place of Business 5331 GROVE VALLEY RD. TALLAHASSEE FL 32303 US	Mailing Address 5331 GROVE VALLEY RD. TALLAHASSEE FL 32303 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3448 Louvinia Dr</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>3448 Louvinia Dr.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>07/28/1995</b>	
22 City & State 23 <b>Tallahassee, FL U.S.</b> Zip Country 24 <b>32311</b> 25		27 City & State 28 <b>Tallahassee, FL U.S.</b> Zip Country 29 <b>32311</b> 30		4. FEI Number <b>59-3325964</b> Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>EVANS, JOHNNY D JR.</b> <b>5331 GROVE VALLEY RD.</b> <b>TALLAHASSEE FL 32303</b>		10. Name and Address of New Registered Agent 81 Name <b>Evans, Johnny D Jr</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3448 Louvinia Dr</b> 83 84 City <b>Tallahassee</b> FL 85 Zip Code <b>32301</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, JOHNNY D JR.	1.2 NAME	Evans Johnny D. Jr
STREET ADDRESS	5331 GROVE VALLEY ROAD	1.3 STREET ADDRESS	P.O. Box 128
CITY-ST-ZIP	TALLAHASSEE FL 32303	1.4 CITY-ST-ZIP	Monticello, FL 32345
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, JUSTIN D	2.2 NAME	Evans, Justin D
STREET ADDRESS	ROUTE 3, BOX 100C	2.3 STREET ADDRESS	3448 Louvinia Dr
CITY-ST-ZIP	MONTICELLO FL 32344	2.4 CITY-ST-ZIP	Tallahassee, FL 32311
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: **Johnny D Evans** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Johnny D Evans** Date **4/15/99** Daytime Phone # **(850) 588-0259**

CR2E034 (11/98)