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

CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000086496 (3)

EXTERIOR SHUTTERS BY WILLARD, INC. Principal Place of Business Mailing Address 4519 NORTHGATE CRT. 4519 NORTHGATE CRT. SARASOTA FL 34234 SARASOTA FL 34234-2124 ÚS 3. Date Incorporated or Qualified 3a. Date of Last Report 11/13/1995 04/26/1996 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For Sulte, Apt. #, etc. 65-0626601 Not Applicable Suite, Apt. Apt. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & S 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees ZiD Country 8. This corporation has liability for intangible tay under s. 199.032, 29 30 Florida Statutes M Yes Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SCHATZ, JIM F **4519 NORTHGATE COURT** SARASOTA FL 34234 83 84 1509 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered 11. Pursuant to the provisions of Sections 607.0502 and 602 office or registered agent, or both, in the State of Florida agent. I am familiar with, an incomparing on the obligations of the section of t RESIDEM SIGNATURE 12. OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE Change PARTRIBGE, ANTHONY J NAME 1.2 NAME 6232 BEACHWOOD AVE STREET ADDRESS 1.3 STREET ADDRESS BARASOTA FL CITY-ST-ZIP 1.4 CITY - \$1 - 2IP DELETE Change Addition TITLE 2.1 TO LE SCHATZ, JIM F NAME 2.2 NAME 5705 29TH CT E STREET ADDRESS 2.3 STREET ADDRESS **BRADENTON-FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition TITLE 3.1 TITLE NAME STREET ADDRESS STREET WITE IT CITY-ST-ZIP 4.1 TITLE Change Addition

CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does got 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 port 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 tussuc employered 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.

4. 2 NAME

5.1 TO LE

5.2 NAME

611016

6.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

NAME

TITLE

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TITLE NAME

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CITY-ST-ZIP

CITY-ST-ZIP

DELETE

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Change

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Addition

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FILED

Apr 21 1997 8:00am

Secretary of State