SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra 8 Morthani ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P95000087680 (1) FLORIDA EXTRUSION, INC. Principal Place of Business Mailing Address 4125 L.B. MCLEOD RD 4125 L.B. MCLEOD RD ORLANDO FL 32811 ORLANDO FL 32811 3. Date incorporated or Qualified 3a. Date of Last Report 11/06/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 561223768 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country $Z_{\rm IP}$ Country 8. This corporation has liability for intangible tax under s 199 032 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name MCNERNEY, OONAGH 4125 L.B. MCLEOD RD Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32811 83 City Zip Code 85 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 agent, or both lin the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96)THILE DELETE 11 TITLE Change Addition NAME HARDING, A. BILL 1.2 NAME STREET ADDRESS CR2E034 4125 L.B. MCLEOD RD 13 STHEET ADDRESS ORLANDO FL 32811 CITY-ST-ZIP 1.4 CITY - ST-ZIP TITLE DELETE 2.1 DEEP Change Addition NAME MCNERNEY, FRANK B 2.2 NAME STREET ADDRESS 4125 L.B. MCLEOD RD 2.3 STREET ADORESS CITY-ST-ZIP ORLANDO FL 32811 2 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Charige Addition NAME MCNERNEY, OONAGH 3.2 NAME STREET ADDRESS 4125 L.B. MCLEOD RD 3.3 STREET ADDRESS ORLANDO FL 32811 CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE Change Add-tion NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CHTY - ST - ZIP 5 4 CITY - ST - ZIP TITLE DELETE 6.1 TIFLE Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY - ST - ZIP 6 4 CITY - ST- ZIP 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 Brock 12 or Block 13 schanged, or on an attachment with an address.

eiver or trustee emportant with an address

OONAGH MANGRAGY

TIZE

SIGNATURE AND TYPED OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: