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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000088194

1. Corporation Name

VINYL PRODUCTS JAX, INC.

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90068 002 \*\*\*150.00



Suite, Apt. #, etc.  22  City & State  City & State  28  Zip	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  11/16/1995  4. FEI Number  59-3349026  5. Certificate of Status Desired  6. Election Campaign Financing  Trust Fund Contribution  Applied For  Not Applicable  \$8.75 Additional Fee Required  \$5.00 May Be  Added to Fees
1208 E. KENNETY BLVD.   1208 E. KENNETY BLVD.   TAMPA FL 33602   TAMPA F	3. Date Incorporated or Qualifed  11/16/1995 4. FEI Number 59-3349026 5. Certificate of Status Desired 6. Election Campaign Financing Sample Status Desired
TAMPA FL 33602  TAMPA FL 33602  TAMPA FL 33602  2. Principal Place of Business 21	3. Date Incorporated or Qualifed  11/16/1995 4. FEI Number 59-3349026 5. Certificate of Status Desired 6. Election Campaign Financing Sample Status Desired
2. Principal Place of Business   2a. Mailing Address   2b   2c   2c   2c   2c   2c   2c   2c	3. Date Incorporated or Qualifed  11/16/1995 4. FEI Number 59-3349026 5. Certificate of Status Desired 6. Election Campaign Financing Sample Status Desired
25	11/16/1995  4. FEI Number
25	4. FEI Number Applied For Not Applied For Not Applicable  5. Certificate of Status Desired Search Se
25	59-3349026  5. Certificate of Status Desired
Suite, Apt. #, etc.    22	5. Certificate of Status Desired \$8.75 Additional Fee Required  6. Election Campaign Financing \$5.00 May Be
Suite, Apt. #, etc.    22	S. Certificate of Status Desired     Fee Required     S. Certificate of Status Desired     Fee Required     S. Continued
City & State  Zip Country  Zip Country  Zip Country  Zip Country  30  9. Name and Address of Current Registered Agent  KING, LEE  1208 E. KENNEDY BLVD.  TAMPA FL 33602  81 Name  REPRESENTED AGENT OF Florida Statutes, the above-named conflice or registered agent, or both, in the State of Florida. Such change was authorized by the corpora agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13.  TITLE  NAME  KING, LEE  12 NAME  12 NAME  13 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  14 CITY-ST-ZIP  TITLE  NAME  32 NAME  33 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  34 CITY-ST-ZIP  TITLE  NAME  35 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  31 TITLE  34 CITY-ST-ZIP  TITLE  NAME  41 TITLE  NAME  42 CITY-ST-ZIP  TITLE  NAME  44 City  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  45 CITY-ST-ZIP  TITLE  NAME  46 City  STREET ADDRESS  AGAIN STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  47 CITY-ST-ZIP  TITLE  NAME  48 City  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  AGAIN STREET ADDRESS  CITY-ST-ZIP  TITLE  AGAIN STREET ADDRESS  AGAIN STREET ADDRESS  CITY-ST-ZIP  TITLE  AGAIN STREET ADDRESS  AGAIN STREET ADDRESS  CITY-ST-ZIP  TITLE  AGAIN STREET ADDRESS  AGAIN STREET ADDRESS  AGAIN STREET ADDRESS  AGAIN ST	6. Election Campaign Financing \$5.00 May Be
Zip Country Zip Country  24	
Zip Country  24	Trust Fund Contribution Added to Fees
9. Name and Address of Current Registered Agent  KING, LEE 1208 E. KENNEDY BLVD. TAMPA FL 33602  11. Pursuant to the provisions of Sections 607.0502 and 507.1508, Florida Statutes, the above-named conflice or registered agent, or both, in the State of Florida. Such change was authorized by the corpora agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  NOTE: Registered Agent signature required to the provision of the composition of the compositio	
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   Signature to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named co office or registered agent, or both, in the State of Florida. Such change was authorized by the corpora agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required Agent signature agent and title if applicable. (NOTE Registered Agent signature required Agent signature agent and title if applicable. (NOTE Registered Agent signature required Agent signature agent and title if applicable. (NOTE Registered Agent signature agent and	8. This corporation owes the current year Intangible  Personal Property Tax  Ves No
KING, LEE 1208 E. KENNEDY BLVD. TAMPA FL 33602  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named co office or registered agent, or both, in the State of Florida. Such change was authorized by the corpora agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13.  TITLE  NAME  KING, LEE  11 ITITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  AL CITY-ST-ZIP  TITLE  AL Z NAME	Personal Property Tax. Yes No  10. Name and Address of New Registered Agent
KING, LEE 1208 E. KENNEDY BLVD. TAMPA FL 33602  83  84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named conflice or registered agent, or both, in the State of Florida. Such change was authorized by the corpora agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature registered Agent si	10. Name and Address of New Registered Agent
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TAMPA FL 33602  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named conflice or registered agent, or both, in the State of Florida. Such change was authorized by the corpora agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13.  TITLE  D  KING, LEE  1.1 TITLE  1.2 NAME  STREET ADDRESS  CITY. ST. ZIP  TAMPA FL 33602  T	dress (P.O. Box Number is Not Acceptable)
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named conflice or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable.)  INOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable.)  INOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable.)  INOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable.)  INOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable.)  INOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable. (NOTE	
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office or registered agent, or both, in the State of Florida. Such change was authorized by the corpora agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required in the signature requir	FL 85 Zip Code
12, OFFICERS AND DIRECTORS   13.	moration submits this statement for the nurrose of changing its registered
12, OFFICERS AND DIRECTORS   13.	·
TITLE	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME AL CITY-ST-ZIP TITLE NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
STREET ADDRESS   1208 E. KENNEDY BLVD.   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP	Change C Addition 1
TAMPA FL 33602	
TITLE         DELETE         2.1 TITLE           NAME         22 NAME           STREET ADDRESS         2.3 STREET ADDRESS           CITY-ST-ZIP         2.4 CITY-ST-ZIP           TITLE         3.1 TITLE           NAME         32 NAME           STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE           NAME         4.2 NAME	
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5 MEE / MS / MS	☐ Change ☐ Addition
0117-31-21	☐ Change ☐ Addition
COMME	
22	☐ Change ☐ Addition ☐ Change ☐ Addition
STREET ADDRESS 6.3 STREET ADDRESS	
TITLE         □ DELETE         5.1 TITLE           NAME         52 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY- ST-ZIP         5.4 CITY- ST-ZIP           TITLE         □ DELETE         6.1 TITLE	

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 supplierental annual report is tribe 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 of the receiver or trustee employeered 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 a attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR