

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000000447 (8)**

1. Corporation Name

**ANDERSON SCREEN AND VINYL, INC.**



Principal Place of Business

**1110 PINE ISLAND RD #16  
CAPE CORAL FL 33909**

Mailing Address

**1110 PINE ISLAND RD #16  
CAPE CORAL FL 33909**

3. Date Incorporated or Qualified  
**12/26/1995**

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

**65-0629706**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, JAMES E  
1110 PINE ISLAND RD #16  
CAPE CORAL FL 33909**

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

**FL**

85 Zip Code

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 607.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

(Note: Registered Agent's signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDERSON, JAMES E</b>	
STREET ADDRESS	<b>419 NW 13TH ST</b>	
CITY-STATE-ZIP	<b>CAPE CORAL FL 33909</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDERSON, BETH L</b>	
STREET ADDRESS	<b>419 NW 13TH ST</b>	
CITY-STATE-ZIP	<b>CAPE CORAL FL 33909</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<b>Asst S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	<b>Donald R. Willacker</b>	
3. STREET ADDRESS	<b>1317 S.W. 30th St.</b>	
4. CITY-STATE-ZIP	<b>Cape Coral, FL 33914</b>	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/16/96**

**(941)458-9699**

Date

Daytime Phone #

CR2E034 (12/95)