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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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	Mailing Address
1110 PINE ISLAND RD #16 CAPE CORAL FL 33909	1110 PINE ISLAND RD #16 CAPE CORAL FL 33909-2188

3. Date Incorporated or Qualified: 12/26/1995
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business
21 954 Pine Island Rd
Suite, Apt. #, etc.
22 Unit L
City & State
23 Cape Coral, FL
Zip 24 33909 Country 25

2a. Mailing Address
26 954 Pine Island Rd
Suite, Apt. #, etc.
27 Unit L
City & State
28 Cape Coral FL
Zip 29 33909 Country 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

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

10. Name and Address of New Registered Agent

81 Name: James E. Anderson
82 Street Address (P.O. Box Number is Not Acceptable): 954 Pine Island Rd
83 Unit L
84 City: Cape Coral FL 85 Zip Code: 33909

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, JAMES E 419 NW 13TH ST CAPE CORAL FL 33909 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Asst Treas. James P. Anderson 6781 Marna Lane N. Ft. Myers FL 33917 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, BETH L 419 NW 13TH ST CAPE CORAL FL 33909 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS WILLACKER, DONALD 1317 SW 30TH STREET CAPE CORAL FL ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ 3/24/97 (941) 458-9699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #