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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000009986 (6)

1. Corporation Name

HURRICANE PROTECH SHUTTERS INC.

Principal Place of Business

6042 BAY LAKE DR N
ST PETERSBURG FL 33708

Mailing Address

6042 BAY LAKE DR N
ST PETERSBURG FL 33708-3519



3. Date Incorporated or Qualified

01/29/1996

3a. Date of Last Report

2. Principal Place of Business

21 3510 1ST. AVE N.

Suite, Apt. #, etc.

22 # 127

City & State

23 ST. PETERSBURG

Zip

24 33713

Country

25 PINELLAS

2a. Mailing Address

26 3510 1ST. AVE N.

Suite, Apt. #, etc.

27 # 127

City & State

28 ST. PETERSBURG

Zip

29 33713

Country

30 PINELLAS

4. FEI Number

59 3354907

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

8. Name and Address of Current Registered Agent

LENTINE, SEBASTIAN
6042 BAY LAKE DR N
ST PETERSBURG FL 33708

10. Name and Address of New Registered Agent

81 Name

SEBASTIAN LENTINE

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

6042 BAY LAKE DR. N.

83

84 City

ST. PETERSBURG FL

85 Zip Code

33708

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

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME LENTINE, SABASTIAN

STREET ADDRESS 6042 BAY LAKE DR N

CITY-ST-ZIP ST PETERSBURG FL 33708

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Signature and typed or printed name of signing officer or director

4-8-97

Date

328-7525

Daytime Phone #

CR2E034 (9/96)