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

FILED Apr 30 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000013462 (2) LATHCO EXTERIORS, INC. Principal Place of Business Mailing Address 106 CYPRESS DRIVE P.O. BOX 98 BOSTWICK FL 32007 BOSTWICK FL 32007 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/13/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3354448 21 Not Applicable 26 Suite, Apt. #, etc. Suito, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Zip Country Zm Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent ROCK, JULIA N 81 Name RT. 2 BOX 4168 82 Street Address (P.O. Box Number is Not Acceptable) PALATKA FL 32177 83 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE WILKINSON, KEITH NAME 1.2 NAME P O BOX, 228 HEIDT STREET ADDRESS 1.3 STREET ADDRESS BOSTWICK FL CITY-ST-ZIP 14 CITY - ST-ZIP DELETE Addition 21 TITLE TITLE YOXTHEIMER, CLAYTON L 2 2 NAME NAME P O BOX 161, WEST TOCOL 2.3 STREET ADDRESS STREET ADORESS **BOSTWICK FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP Change DELETE Addition 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DEFETE Change Addition 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY ST ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STHEET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CHTY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY - ST- ZIP

14. Thereby corbly 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 suppliemental 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 13 treating directors and attachment with an address.

SIGNATURE

CR2E034 (10/97

Applied For