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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000027586 (2)

EXTEND A SHADE, INC.

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

							#1815 1011 1010 1111 1211 1811 1161
Principal Plac	e of Business	Mailing	Mailing Address				
701 W JEFFER			701 W JEFFERSON BROOKSVILLE FL 34801-2531				
BROOKSVILLE	FL 34601	BHOOKS					
						3. Date Incorporated or Qualified 03/25/1996	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Applied For
21		26	26			Applied For	Not Applicable
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		[27]				5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip		Country	<i>'</i>	8. This corporation has liability for it	
24	25	29	4	30		_	Yes No
g, Name and Address of Current Registered Agent KOVACH MICHAELT 81 Name						10. Name and Address of New Reg	gistered Agent
KOVACH, MICHAEL T 7731 OLD FLORAL CITY ROAD STE 1					INATHE		
FLORAL CITY FL 34438-0296			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
PLOTAL CITY PL 34430-0290				93	83		
:				63			
				84	City		FL 85 Zip Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Starm lamiliar with, and accept the obli	te of Florida, Su	ich change was	authorized bi	the corpora	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing its registered t the appointment as registered
į *	in lamina with and accept the obli	igations of, occ	1,0000.1001100	ionda otatute	3 .		
SIGNATURE Signature, typed or printed harne of registered opent and title if applicable. (NO				III : Registerud Ag	ent signature requ	irod when reinstating)	DATE
12. OFFICERS AND DIRECTORS			s	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D		DELFIE	1,1 THILE			Change Addition
NAME	KOVACH, MICHAEL T			1.2 NAME			
STREET ADDRESS				1.3 STREE	ADDRESS		
CITY-ST-ZIP	FLORAL CITY FL 34436-0296	3		1.4 CITY - 9	31-7IP		
TITLE			DELE 1E	2.1 TI11L€			Change Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET	ADDRESS.		
CITY-ST-ZIP				2. 4 CITY -	ST-ZIP		
TITLE			☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 S1REE	ADDRESS		
CITY-ST-ZIP				3.4 CITY-	ST-ZIP		
TITLE			DELFTE	4.1 TO LE	1		Change Addition

64 CHY-ST-ZIP

14. I do hereby certify that the information supplied with this line does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated of 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 in office or does not on the corporation or the great entry to execute this report as required by Chapter 607, Florida Statutes; and that my name exercise in the corporation or the great entry to the proof of the corporation or the great entry to the corporation or the great entry to the proof of the corporation of the great entry to the corporation of the great entry to the proof of the corporation of the great entry to the proof of the corporation of the great entry to the proof of the great entry to the great entry to

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 THEE

6.2 NAME

DELETE.

DELE1E

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

352-796-7200

Change

Change

Addition

___ Addition

FILED

Apr 30 1997 8:00am

Secretary of State