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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000050122 (6)

COX DESIGNER WINDOWS, INC.

Principal Place of Business Mailing Address 6810 COMMERCE AVENUE 6810 COMMERCE AVENUE PORT RICHEY FL 34668 PORT RICHEY FL 34668

FILED Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1996 2a. Mailing Address 2. Principal Place of Business Applied For 21 26 59-3388199 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 COX, JOEL M 6810 COMMERCE AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) PORT RICHEY FL 34668 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature regulred when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE COX, JOEL M 1,2 NAME NAME R2E034 STREET AODRESS **6810 COMMERCE AVENUE** 1,3 STREET ADDRESS PORT RICHEY FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE ROBERTS, STEVEN G NAME 2.2 NAME 6810 COMMERCE AVENUE 2.3 STREET ADDRESS STREET ADDRESS PORT RICHEY FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE Change TITLE PROSPERI, DOMINIC NAME 3.2 NAME 6810 COMMERCE AVENUE STREET ADDRESS 3.3 STREET ADDRESS PORT RICHEY FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE JACOBSON, STEPHEN B 4, 2 NAME NAME 6810 COMMERCE AVENUE 4.3 STREET ADDRESS STREET ADDRESS PORT RICHEY FL 4.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition S 1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET AODRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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. E REQUIRED

SIGNATURE:

STEVEN ROBERTY 1-27-98 813 847 1046