

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90037 030 ***150.00

DOCUMENT # P96000066003

1. Corporation Name
WINDOW FILM DISTRIBUTION, INC.

Principal Place of Business
5100 ULMERTON ROAD
UNIT #22
CLEARWATER FL 34620

Mailing Address
5100 ULMERTON ROAD
UNIT #22
CLEARWATER FL 34620

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1996

4. FEI Number

59-3398539

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMPSON, WENDE J
5100 ULMERTON ROAD
UNIT #22
CLEARWATER FL 34620

last name
(marriage)

81 Name ANDERSON, WENDE J

82 Street Address (P.O. Box Number is Not Acceptable)
5100 ULMERTON ROAD

83 UNIT #22

84 City CLEARWATER

FL

85 Zip Code 34620

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 date (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/99

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE
NAME THOMPSON, RICHARD T
STREET ADDRESS 5100 ULMERTON ROAD UNIT #22
CITY-ST-ZIP CLEARWATER FL 33760

TITLE PD ☐ DELETE
NAME THOMPSON, WENDE J
STREET ADDRESS 5100 ULMERTON ROAD UNIT #22
CITY-ST-ZIP CLEARWATER FL 33760

TITLE D ☐ DELETE
NAME ANDERSON, JAMES B
STREET ADDRESS 5100 ULMERTON ROAD, UNIT #22
CITY-ST-ZIP CLEARWATER FL 33760

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 PD ☒ Change ☐ Addition
2.2 NAME ANDERSON, WENDE J
2.3 STREET ADDRESS 5100 ULMERTON ROAD UNIT # 22
2.4 CITY-ST-ZIP CLEARWATER, FL 33760

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/99 727-572-4484

Date

Daytime Phone #

CR2E034 (11/98)

0414605