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FILED

May 14 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 # P96000069722 (2)

1. Corporation Name

PAULS COMPLETE DOOR & WINDOW SERVICE INC.

Principal Place of Business

3132 FORTUNE WAY
SUITE D31
WELLINGTON FL 33414

Mailing Address

3132 FORTUNE WAY
SUITE D31
WELLINGTON FL 33414-8728

3. Date Incorporated or Qualified

08/19/1996

3a. Date of Last Report

2. Principal Place of Business

21 3460 FAIRLANE FARMS

Suite, Apt. #, etc.

22 Suite 6.

City & State

23 WELLINGTON FL.

Zip

24 33414

Country

25 U.S.A.

2a. Mailing Address

26 3460 FAIRLANE FARMS RD.

Suite, Apt. #, etc.

27 SUITE 6.

City & State

28 WELLINGTON FL.

Zip

29 33414

Country

30 U.S.A.

4. FEI Number

165-0690990

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

9. Name and Address of Current Registered Agent

TONKS, PHILIP D
3132 FORTUNE WAY
SUITE D31
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Jean Tonks

Secretary

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

4/20/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PAUL TONKS.

STREET ADDRESS 1419 RED PINE TRAIL

CITY-ST-ZIP WELLINGTON FL. 33414.

TITLE ☐ DELETE

NAME VICE PRESIDENT

STREET ADDRESS 13416 BEDFORD MEWS DRIVE

CITY-ST-ZIP WELLINGTON FL. 33414.

TITLE ☐ DELETE

NAME SECRETARY.

STREET ADDRESS 1419 RED PINE TRAIL.

CITY-ST-ZIP WELLINGTON FL. 33414.

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:

Jean Tonks

4/20/97

FL-799-5722

CR2E034 (9/96)