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May 16 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 # P96000079538 (0)

1. Corporation Name

THE WINDOW BLIND COMPANY, INC.

Principal Place of Business

5400 HIGHWAY 98 EAST, SUITE A
DESTIN FL 32541

Mailing Address

POST OFFICE BOX 1148
DESTIN FL 32540-1148

3. Date Incorporated or Qualified

09/25/1996

3a. Date of Last Report

2. Principal Place of Business

21 9705 U.S. HWY 98 W

Suite, Apt. #, etc.

22 SUITE A

City & State

23 DESTIN, FL

Zip

24 32541

Country

25 WALTON

2a. Mailing Address

26 P.O. BOX 1148

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-3412434

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME GRIFFITH, GREGORY A
STREET ADDRESS 5400 HIGHWAY 98 EAST, SUITE A
CITY-ST-ZIP DESTIN FL 32541

TITLE V
NAME MCCOTTER, JOHN
STREET ADDRESS 5400 HIGHWAY 98 EAST, SUITE A
CITY-ST-ZIP DESTIN FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD
1.2 NAME GRIFFITH, GREGORY A
1.3 STREET ADDRESS P.O. BOX 1148 320 L'ATRIUM
1.4 CITY-ST-ZIP DESTIN, FL 32540-1148

2.1 TITLE V
2.2 NAME MCCOTTER, JOHN
2.3 STREET ADDRESS 711 HERON LANE
2.4 CITY-ST-ZIP DESTIN, FL 32541

3.1 TITLE S
3.2 NAME HABEL, EVELYN A.
3.3 STREET ADDRESS 15 WINDERMERE CT.
3.4 CITY-ST-ZIP FT. WALTON BEACH, FL 32547

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

Gregory A. Griffith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/97

904-837-5252

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CR2E034 (9/96)