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FILED

Apr 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000081346 (4)

1. Corporation Name

ARTISTIC WINDOWS, INC.



Principal Place of Business

3637 MANHATTAN AVE.
TAMPA FL 33629

Mailing Address

3637 MANHATTAN AVE.
TAMPA FL 33629

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 4004 W. Neptune St.
Suite/Apt. #, etc.

22 102

City & State

23 Tampa FL

Zip

24 33629

Country

25 USA

2a. Mailing Address

26 4004 W. Neptune St.
Suite/Apt. #, etc.

27 102

City & State

28 Tampa, FL

Zip

29 33629

Country

30 USA

3. Date Incorporated or Qualified

09/30/1996

4. FEI Number

59-3405600 262112

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SOWDER, J. SCOTT
3637 S MANHATTAN AVE
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name SOWDER, J. SCOTT
82 Street Address (P.O. Box Number is Not Acceptable)
4004 W. Neptune St. # 102
83
84 City Tampa FL 85 Zip Code 33629

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 J. Scott Sowder President 4-15-98

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SOWDER, J S
STREET ADDRESS 3637 S MANHATTAN AVE
CITY-ST-ZIP TAMPA FL

TITLE VP
NAME WARD, THERESA
STREET ADDRESS 3307 PALMIRA
CITY-ST-ZIP TAMPA FL

TITLE S
NAME SIMPSON, CHET
STREET ADDRESS 5206 HALIFAX
CITY-ST-ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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13.

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

CR2E034 (10/97)