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Jan 21 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 # P96000090367 (9)

1. Corporation Name
ARCHITECTURAL PRODUCTS OF TAMPA, INC.

Principal Place of Business
3570 MISTLETOE LANE
LONGBOAT KEY FL 34228

Mailing Address
3570 MISTLETOE LANE
LONGBOAT KEY FL 34228-4102



2. Principal Place of Business

21 5275 Causeway Blvd.
Suite, Apt. #, etc.

22

23 TAMPA, FL.
City & State

24 33619 25 USA
Zip Country

2a. Mailing Address

26 5275 Causeway Blvd.
Suite, Apt. #, etc.

27

28 TAMPA, FL.
City & State

29 33619 30 USA
Zip Country

3. Date Incorporated or Qualified
11/04/1996

3a. Date of Last Report

4 FEI Number
59-3408271
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

CASWELL & HARRIS, P.A.
1215 N. PLAM AVENUE
SARASOTA FL

10. Name and Address of New Registered Agent

81 Name Michael J. Belle, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
100 WALLACE AVE. SUITE 380
83
84 City SARASOTA FL 85 Zip Code 34237

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 re-stating)

4/10/97
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME PARRISH, TOM
STREET ADDRESS 3570 MISTLETOE LANE
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE D ☐ DELETE
NAME MARTIN, ANNETTE
STREET ADDRESS 3570 MISTLETOE LANE
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 D ☒ Change ☐ Addition
1.2 NAME Parrish, Tom
1.3 STREET ADDRESS 5275 Causeway Blvd.
1.4 CITY-ST-ZIP TAMPA, FL. 33619

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME MARTIN, ANNETTE
2.3 STREET ADDRESS 5275 Causeway Blvd.
2.4 CITY-ST-ZIP TAMPA FL. 33619

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1-8-97

Date

X 813-626-5510

Daytime Phone #

CR2E034 (9/96)