

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  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90060 020 \*\*\*158.75

DOCUMENT # P96000090367

1. Corporation Name

ARCHITECTURAL PRODUCTS OF TAMPA, INC.

Principal Place of Business

5275 CAUSEWAY BLVD  
TAMPA FL 33619  
US

Mailing Address

5275 CAUSEWAY BLVD  
TAMPA FL 33619  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1996

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 3900 50th St. South

2a. Mailing Address

26 3900 S. 50th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tampa FL

City & State

28 Tampa FL

Zip

24 33619

Country

25 Hillsborough

Zip

29 33619

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

BELLE, MICHAEL J ESQ  
100 WALLACE AVE SUITE 380  
SARASOTA FL 34237

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 D ☐ DELETE

NAME PARRISH, TOM  
STREET ADDRESS 5275 CAUSEWAY BLVD  
CITY-ST-ZIP TAMPA FL 33619

TITLE D ☐ DELETE

NAME MARTIN, ANNETTE  
STREET ADDRESS 5275 CAUSEWAY BLVD  
CITY-ST-ZIP TAMPA FL 33619

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 ☒ Change ☐ Addition

1.2 NAME President  
1.3 STREET ADDRESS Thomas R. Parrish  
1.4 CITY-ST-ZIP 3900 South 50th Street  
Tampa, Fla. 33619

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Secretary Treasurer  
2.3 STREET ADDRESS Annette E. Martin  
2.4 CITY-ST-ZIP 3900 South 50th Street  
Tampa, Fla. 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 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 an officer like empowered.

SIGNATURE:

Thomas R. Parrish  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0395411