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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000100066 (5)

ALL FLORIDA FENCE & DECK, INC. Principal Place of Business Mailing Address % WILLIAM SCOTT FOSTER 909 MAR WALT DRIVE. SUITE 1014 FORT WALTON BEACH FL 32547-6711 W WILLIAM SCOTT FOSTER 809 MAR WALT DRIVE, SUITE 1014 FORT WALTON BEACH FL 32547 3. Date Incorporated or Qualified 3a, Date of Last Report 12/06/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3416780 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FOSTER, WILLIAM S MARK WELTON & ABSOCIATES 909 MAR WALT DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1014** 078 S. FERDAN Blud. 83 FORT WALTON BEACH FL 32547 84 32536 RESTUICE 1507, 1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered and a Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ed., Section 607,0505, Florida Statutes. 11. Pursuant to the provisions office or registered a con agent. I am familiar visit SIGNATURE (NOTL: Registered Agent signature required when reinstating) and tile it applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition D TITLE 1.1 TITLE THAYER, RYAN S ALGO Vres 1.2 NAME 4840 S. FERDON BLVD. STREET ADDRESS 13 STREET ADDRESS **CRESTVIEW FL 32536** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE THAYER, SARAH E NAME ALGO V. PRES 4840 S. FERDON BLVD. 2.3 STREET ADDRESS STREET ADDRESS CRESTVIEW FL 32536 CITY-\$T-ZIP 2. 4 CITY-ST-2IP DELETE Change TITLE 3.1 TITLE Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP ☐ DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREEL ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE TITLE 6.1 TITLE Change ___ Addition NAME 6.2 NAME STREET ADDRESS 6.9 STREET ADDRESS 6.4 CITY-ST-ZIP 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 coort is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or frustles impowered 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:

SIGNATURE

4-9,97

FILED

Apr 15 1997 8:00am

Secretary of State