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Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90053 042 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000100066

1. Corporation Name

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~~

~~% WILLIAM SCOTT FOSTER~~
~~909 MAR WALT DRIVE, SUITE 1014~~
~~FORT WALTON BEACH FL 32547~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1996

4. FEI Number

59-3416780

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

2a. Mailing Address

21 ALL Florida Fence + Deck, Inc

26 ALL Florida Fence + Deck, Inc

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 4840 S. Ferdon Blvd.

27 4840 S. Ferdon Blvd.

City & State

City & State

23 Crestview FL

28 Crestview FL

Zip Country

Zip Country

24 32536

29 32536

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Welton + Williamson PA
MARK WELTON & ASSOCIATES PA
1020 1070 S FERDON BLVD
STE #B
CRESTVIEW FL 32536

81 Name
Welton + Williamson, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
1020 S. Ferdon Blvd.
83 Crestview
84 City
FL 85 Zip Code
32536

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

A Wayne Williamson Esquire

4-6-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
✓ DP
THAYER, RYAN S
STREET ADDRESS
4840 S. FERDON BLVD.
CITY-ST-ZIP
CRESTVIEW FL

TITLE ☐ DELETE

NAME
DVP
THAYER, SARAH E
STREET ADDRESS
4840 S. FERDON BLVD.
CITY-ST-ZIP
CRESTVIEW FL

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE RYAN S. Thayer 3-10-99 850-689-6736

CR2E034 (1/98)