

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
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90040 032 ***150.00

6/02/99

DOCUMENT # P900002385 OK2

1. Corporation Name

ISLAND WINDOW CO. INC

Principal Place of Business

Mailing Address

2805 PASS-A-BRILLE WAY
ST. PETERSBURG FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2-6-97

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

\$ Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$ May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

1. ST. PETERSBURG

2a. Mailing Address

26. 2805 PASS-A-BRILLE WAY

Suite, Apt. #, etc.

2. 2805 PASS-A-BRILLE WAY

Suite-Apt. #, etc.

27. ST. PETERSBURG

City & State

3. ST. PETERSBURG FL

City & State

28. FL

Zip Country

4. 33706 USA

Zip Country

29. 33706 30. USS

9. Name and Address of Current 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE OWNER ☐ DELETE

NAME RAYMOND ROUNT

STREET ADDRESS 2805 PASS-A-BRILLE WAY

CITY-ST-ZIP ST. PETERSBURG FL 33706

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ 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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 amendment with an address, with all other like empowered.

SIGNATURE:

4-28-99 707-429-9379

CPD004 (11/99)