

FILE-NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000019395 (7)

1. Corporation Name

PENN WINDOWS AND FLOORS, INC.

Principal Place of Business

103 ORCHID VIEW DRIVE  
PARISH FL 34219

Mailing Address

103 ORCHID VIEW DRIVE  
PARISH FL 34219

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1997

4. FEI Number

65-0737426

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 2909 87<sup>th</sup> AVE. EAST

Suite, Apt. #, etc.

22

City & State

23 PARRISH, FL.

Zip

24 34219

Country

25 MANATEE

2a. Mailing Address

26 2909 87<sup>th</sup> AVE. EAST

Suite, Apt. #, etc.

27

City & State

28 PARRISH, FL.

Zip

29 34219

Country

30 MANATEE

9. Name and Address of Current Registered Agent

MCGINNESS, W. LEE  
1800 SECOND STREET  
SUITE 750  
SARASOTA FL 34238

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 ☐ DELETE

NAME Robert Le Roy Norrington  
STREET ADDRESS 3006 YARMOUTH DR. WEST  
CITY-ST-ZIP Bradenton, FL.

TITLE ☐ DELETE

NAME STEVE BURKES  
STREET ADDRESS 308 4TH AVE EAST  
CITY-ST-ZIP BRADENTON, FL 34203

TITLE ☐ DELETE

NAME John Norrington  
STREET ADDRESS 2909 87<sup>th</sup> AVE. EAST  
CITY-ST-ZIP PARRISH, FL. 34219

TITLE ☒ DELETE

NAME Kenneth & Joyce Norrington  
STREET ADDRESS 587 S. County Rd 645 E.  
CITY-ST-ZIP Plainfield, IN. 46168

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

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.

SIGNATURE: John K. Norrington John K. Norrington TREASURER 4-17-98 (94) 776-1771

CR2E034 (10/97)