

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 05, 1999 8:00 am
Secretary of State

05-05-1999 90048 034 ***150.00

DOCUMENT # P97000083566

1. Corporation Name

THE WINDOW SPECIALISTS INC.



Principal Place of Business

Mailing Address

~~20-BOX 1680~~
LARGO FL 33779

P.O. BOX 1680
LARGO FL 33779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1997

2. Principal Place of Business

2a. Mailing Address

21 5501-28TH ST. N.

26

Suite, Apt. #, etc.

22 UNIT 1

27

City & State

23 ST. PETERSBURG FL

28

Zip Country

24 33714

25

FLORIDA

29

30

4. FEI Number

59-3469916

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDREWS, STEVEN

~~3938 52 AVE. N.~~

ST. PETERSBURG FL 33714

81 Name

ANDREWS, STEVEN

82 Street Address (P.O. Box Number is Not Acceptable)

5501-28TH ST. N. UNIT 1

83

84 City

ST. PETERSBURG

FL

85 Zip Code

33714

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
ANDREWS, STEVEN J
3938 52 AVENUE NORTH
ST. PETERSBURG FL 33714

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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

PRESIDENT

STEVEN J. ANDREWS

5501-28TH ST. N. UNIT 1

ST. PETERSBURG, FL 33714

VICE PRESIDENT

DAVID F. POUCH

3938 52ND AVE N.

ST. PETERSBURG, FL 33714

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)(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 registrar 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

4.28.99

Date

727-548-4488

Daytime Phone #

CR2E034 (11/98)