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**

DOCUMENT # P97000084065

FLORIDA WOOD WINDOW & DOOR, INC.

Principal Place	of Business	Mailing Address					
17311-E ALICO	CENTER RD	17311-E ALICO CENTER RD					
FORT MYERS F	EL 33912	FORT MYERS FL 33912			DO NOT WRITE IN THIS SPACE		
US		US				SPACE	
					3. Date Incorporated or Qualifed		ì
					09/26/1997		
Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	pplied For
1		26			65-0779053		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
2		27			3. Controlled of Charles Doubles	Fee R	equired
City & State	e	City & State		-	6. Election Campaign Financing	\$5.00	May Be
3		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year In:	tangible	
4	25	29	o		Personal Property Tax.	☐ Yes	ĽNo .
<u></u>	9. Name and Address of Current	<u> </u>			10. Name and Address of New Registered	Agent	
				81 Name	Shanan		
SHA	NNON, DANIEL P			\perp \perp \cup	aniec P Stigition	<u></u>	
	31 ALICO CENTER RD.			82 Street Ad	drass (P.O. Box Number is Not Acceptable)	12 1	21
	T MYERS FL			83	511 C. 111110 Car	<u></u>	
				-			
				84 City	Muc Co FI	85 Zip	58812
				TT	· Myers FL	<u>- 2</u> ;	2410-
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes	, the at	pove-named co	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appo	i changing its intrient as r	s registered egistered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	la Stati	ites.	north board of directors. Friendly decope the appe		-9.5
=							İ
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: R	egistered	Agent signature requ	ired when reinstating) DATE		
12.	OFFICERS ANI	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AI		
TITLE	DP	☐ DELETE	11 TI	1E		Change	☐ Addition
NAME	ARABIE, CHARLES R		1.2 NA	ME			ļ
STREET ADDRESS	**** **********		13 ST	REET ADDRESS			
	ESTERO FL 33928			TY-ST-ZIP			
CITY-ST-ZIP		DELETE	2.1 TD			[] Change	Addition
TITLE	DV	- Octob	•	ľ		~ .	_
NAME	SHANNON, DANIEL P		2.2 NA				
STREET ADDRESS	6889 KINBERLY TERRACE		2.3 ST	REET ADDRESS		· · · · · · · · · · · · · · · · · · ·	- {
CITY-ST-ZIP	FORT MYERS FL 33919		2. 4 C	TY-ST-ZIP			
TITLE	DS	☐ DELETE	3.1 TF	TLE }	•	Change	☐ Addition
NAME	ESCKILSEN, GARY L		3.2 NA	ME			
STREET ADDRESS	20589 ARMADA COURT		3.3 ST	REET ADDRESS		•	i
CITY-ST-ZIP	ESTERO FL 33908		3.4. C	ITY-ST-ZIP			
TITLE	DT	☐ DELETE	4.1 TI	rle .		Change	☐ Addition
NAME	IVY, JAMES T		4.2 N	AME	•		ł
STREET ADDRESS				REET ADDRESS			(
	FORT MYERS FL 33908			TY-ST-ZIP			
CITY-ST-ZIP	TOTAL MITETIO I E 00300	☐ DELETE	5.1 TI			Change	Addition
			5.2 N/			- •	_
NAME	}			REET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP				TY-ST-ZIP			- متعالده م
TITLE		☐ DELÉTE	6.1 TI	-		Change	☐ Addition
NAME			62 NA	ME			
STREET ADDRESS			6.3 ST	REET ADDRESS			i

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 chanced; or on an attachment with an address, with all other like empowered.

SIGNATURE:

941-437-6166

FILED

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90211 033 ***150.00