CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90182 027 ***150.00

PREMIE	R SHUTTERS INC.								
] [16:175] [16:17] [17:17]			
Principal Place		Mailing Address				•			•
2495 RICKY RD. MELBOURNE FL 32935 MELBOURNE FL 32935					DO NOT WRITE IN THIS SPACE				
						Date Incorporated or Qualifed			ĺ
						03/02/1998			Į
	lace of Business	2a. Mailing Address	ο. ο	A Ro	1 1 2	59-3520859		plied For t Applicable	
21 2713 Suite, Apt.	- 1.000-301			H NC			-\$8:75 A		-
22	#, etc. Suite, Apt. *, etc. 27				5. 0	Certificate of Status Desired	Fee Re		ļ
City & Stat	le C.	City & State		[-]	6. E	lection Campaign Financing	\$5.00		
23 WE1	BOURNE FL	28 MEI DOURN	1 <u>F</u>	1-L		hist Fund Contribution	Added to	o Fees	
3-0	35 25 BREVARD	33935 B	ol B	REVAR	اجه الم	This corporation owes the current yea Personal Property Tax.		□No	
24 Jak 1	9. Name and Address of Curren	<u> </u>	<u>" </u>	V CALE		Name and Address of New Registe			
				81 Name					İ
	IES, RUPERT L		- 1	82 Street A	ddress (P.C	O. Box Number is Not Acceptable)			ĺ
	5 RICKY RD.								
MEL	BOURNE FL 32935		1	" a7	13 (Aurora Rd.			
			1	B4 City (1516	BURNE	FL 85 3		ĺ
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statutes	, the abo	ove-named o	corporation	submits this statement for the purpos	e of changing its		
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida, Such change was autitions of, Section 607,0505, Florid	horized I la Statut	by the corpo ies.	ration's boa	ed of directors. I hereby accept the a	opointment as req	jistered	
SIGNATURE									ĺ
	Signature, typed or printed name of registered agen			gari signatura ra		DDITIONS/CHANGES TO OFFICERS		DS IN 12	8
TILE	OFFICERS AN	D DIRECTORS	13.	E	Presi		☐ Change	Addition	=
NAME				i		t L. Jones			8
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NAME	1		22 NAM		Michael O'Connor				
STREET ADDRESS									
CITY-ST-ZIP			2 4 711		2713	Aurora Rd			
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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.

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JRE 4	441	YPED OIL	PRINT	D NAME OF	SKINDE	OFFICER	OR DIREC	TOR