

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
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90003 040 ***150.00

DOCUMENT # P98000040232

1. Corporation Name

WINDOWS UNLIMITED, INC.

Principal Place of Business

513 S.W. FIRST COURT
CRYSTAL RIVER FL 34429

Mailing Address

513 S.W. FIRST COURT
CRYSTAL RIVER FL 34429

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1998

4. FEI Number

59-3512936

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

2. Principal Place of Business

21 11688 W. Cap Lane

Suite, Apt. #, etc.

22

City & State

23 Homosassa, FL

Zip

24 34487

Country

25 USA

2a. Mailing Address

26 P.O. Box 190

Suite, Apt. #, etc.

27

City & State

28 Homosassa, FL

Zip

29 34487

Country

30 USA

9. Name and Address of Current Registered Agent

MILLER, E. KEITH
513 S.W. FIRST COURT
CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent

81 Name E. Keith Miller

82 Street Address (P.O. Box Number is Not Acceptable)
11688 W. Cap Lane

83 Homosassa

84 City

FL

85 Zip Code
34487

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 E. Keith Miller Pres.

04-14-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME E. Keith Miller
1.3 STREET ADDRESS 11688 W. Cap Lane
1.4 CITY-ST-ZIP Homosassa, FL 34487

2.1 TITLE Kacie L. Miller - V ☐ Change ☒ Addition
2.2 NAME 513 S.W. First Ct.
2.3 STREET ADDRESS Crystal River, FL 34429
2.4 CITY-ST-ZIP

3.1 TITLE Lindsey K. Miller - S ☐ Change ☒ Addition
3.2 NAME 513 S. W. First Ct.
3.3 STREET ADDRESS Crystal River, FL 34429
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, with all other like empowered.

SIGNATURE: E. Keith Miller Pres.

04-14-99

Date

352/628-4328

Daytime Phone #

CR2E034 (11/98)

0487548