


FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90003 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000047618 ✓					
1. Corporation Name SHUTTERS INCORPORATED					
Principal Place of Business 4303 EXCHANGE AVE NAPLES FL 34104			Mailing Address 4303 EXCHANGE AVE NAPLES FL 34104		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 3920 PROGRESS AVENUE			2a. Mailing Address 26		
Suite, Apt. #, etc. 22			Suite, Apt. #, etc. 27		
City & State 23 NAPLES FL			City & State 28		
Zip 24 34104			Zip 29		
Country 25 USA			Country 30		
3. Date Incorporated or Qualified 05/28/1998			4. FEI Number 59-3514365		
Applied For <input type="checkbox"/> Not Applicable			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent COSTELLO, JOHN 4303 EXCHANGE AVE NAPLES FL 34104			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 JOHN COSTELLO DATE 4/28/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE PRESIDENT NAME JOHN COSTELLO STREET ADDRESS 4303 Exchange Ave CITY-ST-ZIP NAPLES FL 34104			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE V.P. OPERATIONS NAME MIKE PETERS STREET ADDRESS 136 County Road 951 CITY-ST-ZIP Naples FL 34119			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE V.P. SALES NAME BARRY AKISON STREET ADDRESS 3770 Fieldstone Blvd #1509 CITY-ST-ZIP Naples FL 34109			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 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 in an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 941-430-1200
 Date Daytime Phone #

CR2E034 (11/98)