**PROFIT** CORPORATION ANNUAL REPORT



**DIVISION OF CORPORATIONS** 

## FILED Mar 23, 1999 8:00 am FLORIDA DEPARTMENT OF STATE **Secretary of State** Katherine Harris Secretary of State 03-23-1999 90007 003 \*\*\*150.00

1999 DOCUMENT # P98000052517 AMERICAN SHUTTERS & AWNINGS, INC. Principal Place of Business Mailing Address 9025 LEDGESTONE LA. 9025 LEDGESTONE LA. PORT RICHEY FL 34668 PORT RICHEY FL 34668 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 06/10/1998 Principal Place of Business Mailing Address /836/ Applied For 4. FEI Number COUNT 65 08 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5.- Certificate of Status Desired ໍ 22 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes the current year intangible 25 ☐ Yes □No Personal Property Tax. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WOLNIK, HUBERT 82 9025 LEDGESTONE LA. PORT RICHEY FL 34668 83 84 City 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 CR2E034 (11/98) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PAES ☐ Change Addition TITLE 1.1 TITLE HUBENT NAME 12 NAME 1.3 STREET ADORESS STREET ADDRESS 14 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition TITLE DELETE 2.1 TITLE ☐ Change 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CTY-ST-ZIP DELETE 3.1 TITLE Change Addition πLE 3.2 NAME STREET ADDRE 3.3 STREET ADDRESS CITY-ST-ZP 3.4 CITY-ST-ZIP TILE DELETE 4.1 TITLE ☐ Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZP CITY-ST-ZP DELETE Change ☐ Addition 5.1 T/TLE TITLE 52 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP H 61 TITLE DELETE Change Addition 1:: TITLE: B.2 NAME NAME 18 STREET ADDRESS 6.4 CITY-ST-ZIP 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 attackment with an address, with all other like empowered.

SIGNATURE: