

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 # P98000101941

1. Corporation Name

ACCENTS ON WINDOWS, INC.

Principal Place of Business

8100 PARK BLVD., UNIT#2
PINELLAS PARK FL 33781

Mailing Address

8100 PARK BLVD., UNIT#2
PINELLAS PARK FL 33781

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1998

4. FEI Number

59-3550241

Applied For

Not Applicable

5. Certificate of Status Desired ☒ ~~Yes~~

\$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

9. Name and Address of Current Registered Agent

DOSS, DAVID N
5209 GULFPORT BLVD.
GULFPORT FL 33707

10. Name and Address of New Registered Agent

81 Name

BENLINE, JOANN A.

82 Street Address (P.O. Box Number is Not Acceptable)

8278 - 30th AVE. N

83

St. PETERSBURG

84 City

FL

85 Zip Code

33710

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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Joann A. Benline

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KOCHEY, KIMBERLY

STREET ADDRESS 6805 GULF BLVD.

CITY-ST-ZIP ST. PETE BEACH FL 33706

TITLE VD ☐ DELETE

NAME DOCKREE, JANISE

STREET ADDRESS 6805 GULF BLVD.

CITY-ST-ZIP ST. PETE BEACH FL 33706

TITLE STD ☐ DELETE

NAME BENLINE, JOANN

STREET ADDRESS 6805 GULF BLVD.

CITY-ST-ZIP ST. PETE BEACH FL 33706

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

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:

Joann A. Benline
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/6/99

Daytime Phone #

3603270

CR2E034 (11/98)