FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 28 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S06538 (0)

1. Corporation Name
AMERICAN WINDOW FASHIONS OF TALLAHASSEE, CORP.

Principal Place of Business	Mailing Address
ROUTE 2. BOX 4959-25 CRAWFORDVILLE FL 32327	ROUTE 2. BOX 4959-25 CRAWFORDVILLE FL 32327

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/17/1990
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business	2a. Mailing Address
21 200 OAKWOOD TR.	26 200 OAKWOOD TR
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 CRAWFORDVILLE, FL.	City & State 28 CRAWFORDVILLE, FL.
Zip 24 32327 Country 25 USA	Zip 29 32327 Country 30 USA

4. FEI Number: 59-3040270 ☐ 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 has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOWE, JAMES V. RT. 2, BOX 4959-25 CRAWFORDVILLE FL 32327	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	1.1 TITLE	VP	☑ Change ☐ Addition
NAME	LOWE, JAMES V.	1.2 NAME	LOWE JAMES V	
STREET ADDRESS	RT. 2, BOX 4959-25	1.3 STREET ADDRESS	200 OAKWOOD TR	
CITY-ST-ZIP	CRAWFORDVILLE FL	1.4 CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE	P	2.1 TITLE	P	☑ Change ☐ Addition
NAME	LOWE, CANDACE	2.2 NAME	LOWE, CANDACE	
STREET ADDRESS	RT 2, BOX 4959-25	2.3 STREET ADDRESS	200 OAKWOOD TR	
CITY-ST-ZIP	CRAWFORDVILLE FL	2.4 CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: James V. Lowe 4-25-95 (904) 926-8818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000046 CP