## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 19 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

	MENT # S08278 ERCIAL RESIDENTIAL ALUM					
Principal Plac	e of Business	Mailing Address				I OTOTO BOOM OLDIT MINIT LOOT
507 LAUREL		P.O. BOX 6063		-		
NOKOMIS FL US	onero .	VENICE FL 34292 US			DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified	
A Discission	the state of Division of	1 Dr. Market			10/09/1990	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			65-0225495	Not Applicable  \$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stat	ө	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	1	8. This corporation owes or has paid the cu	_
24	25 Same and Address of Current	Registered Agent	30		Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes No
TEI	FFENHART, THOMAS J.		81 Nar			,,, <b>,</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
718 LEMON BAY DRIVE			82 Stre	ot Addras	s (P.O. Box Number is Not Acceptable)	
	NICE FL 34293		02 500	- Addibs	s (F.O. Box (quinbol is 140) Acceptable)	
			63			
			84 City			85 Zip Code
44 5	40				FL	
office or r	to the provisions of Sections 607,0502 egi <b>ster</b> ed agent, or both, in the State c	and 607.1508, Florida Statuti of Florida. Such change was a	es, the above-ham julhorized by the c	ed corporation	ation submits this statement for the purpose o is board of directors. I hereby accept the app	r changing its registered pointment as registered
	m familiar with, and accept the obligat	ions of Section 617.0505, Flo	orida Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent	and life if applicable (NOfi	Registered Agent signa	lure required s	when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	Į		Change Addition
NAME	TEFFENHART, THOMAS J.		1.2 NAME	-		
STREET ADDRESS	718 LEMON BAY DRIVE		1.3 STREET ADDRE	35		
CITY-ST-ZIP TITLE	VENICE FL 34293 VP	DELETE	1.4 CHY-ST-ZIP 2.1 TITLE			Change Addition
NAME	HICKOK, PERRY		2.2 NAME			L Ditarge L Addition
STREET ADDRESS	12161 GORDON AVENUE		2.3 STREET ADDRES	is l		
CITY-ST-ZIP	PORT CHARLOTTE FL 33981		2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME	-		
STREET ADDRESS			3.3 STREET ADDRES	ss		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP	<u> </u>		Change Addition
TITLE		☐ DECE1E	4.1 TITLE			Change Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRES			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	55		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			_
STREET ADDRESS			5.3 STREET ADDRES	SS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITL€			Change Addition
NAME			6.2 NAME	_		İ
STREET ADDRESS			6.3 STREET ADDRES	SS		
14. I hereby c	ertify that the information supplied with	n this filing does not qualify fo	6.4 CITY-ST-ZIP or the exemption si	ated in Se	ction 119.07(3)(i), Florida Statutes, i further ce	ertify that the information
indicated officer or o	on this annual report or supplemental	annual report is true <b>and a</b> cciver or trustee empowered to e	urate and that my	signature s	shall have the same legal effect as if made un ed by Chapter 607, Florida Statutes; and that i	der oath; that I am an