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

PROFIT CORPOBATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

FILED

May 11 1998 8:00am

Secretary of State

Untoil	AL WINDOW & DOOR CON	IFANT										
Principal Place	of Business	Mailing Address					r i ddiinia tab lifa; ilgel ibita ibio; ilg		1 210 11 01011 (ile s an t	
2074 THOMAS		2074 THOMASVILLE ROAD										
TALLAHASSEE FL 32312 TALLAHASSEE FL 32312												
							DO NOT WRITE	IN THIS S	SPACE			ח
							3. Date Incorporated or Qualified					
6 Detected Dis	and Durings	2a. Mailing Address					02/14/1991 4. FEI Number			Applia	d Ear	┨
2. Principal Pla	ace of Business	26 Address					59-3050346		Applied For Not Applicable			
21 Suite, Apt. #	t ata		Suite, Apt. #, etc.				39-3000340		\$8.75			+
22	7, BIC.	27				ı	5. Certificate of Status Desired		.	Regulr		
City & State	1	City & State				6. Election Campaign Financing		\$5.0	n Mai	ν Ba	1	
23		28				Trust Fund Contribution			d to Fe			
Zip	Country	Zip	Cou	intry			8. This corporation owes or has paid	d the cur	rent year I	ntang	ible	1
24	25	29	30				Personal Property Tax due June	30. [Yes		0	
	9. Name and Address of Curren	t Registered Agent					10. Name and Address of New Reg	Istered	Agent			4
	KER, HARVEY G.			81	Name							
	74 THOMASVILLE ROAD			82	Street A	ddres	s (P.O. Box Number is Not Acceptable	e)				1
TAI	LLAHASSEE FL 32312											-
				83								
				84	City				85 Z	o Cod	e	1
				Ш				FL		- 14m - m	-1-1	
office or re	ngistered agent, or both, in the State.	of Florida, Such change was	: authorize	ed by	the corpo	corpoi oratio	ration submits this statement for the pun's board of directors. I hereby accep	urpose of I the app	r cnanging ointment a	its regi	gistered istered	
agent Lar	n familiar with, and accept the obliga	itions of, Section <mark>607.0505,</mark> F	Iorida Sta	tutes	š.					-		
SIGNATURE		AU.	II. Daniela	d • ===	est sie ook vo s	ro ou lead	when reinstating)	DATE				1.
12.	Signature, typed or printed name of registered age OFFICERS AND		13.	u Agu	int eignatura n	redoneo	ADDITIONS/CHANGES TO OFFIC		DIRECTO	DRS IN	V 12	46
TITLE	P	DELETE 1.1 T			· · · · · · · · · · · · · · · · · · ·				☐ Change		Addition	
NAME	COKER, HARVEY G.		1.2 N	1.2 NAME								2
STREET ADDRESS	2074 THOMASVILLE ROAD		1.3 STREET ADDRESS									[]
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CłTY - ST - ZiP								&	
TITLE	81	DELETE 2.1 TII							Change		Addition	٦٥
NAME	COKER, SUSAN S.		221	2 2 NAME								
STREET ADDRESS	2074 THOMASVILLE ROAD		2.3 \$	TREET	ADDRESS							
CITY-ST-ZIP	TALLAHASSEE FL		2 41	DITY-S	ST - ZIP							_
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NAME			3.2 N	IAME								
STREET ADDRESS			335	TREET	ADDRESS							
CITY-ST-ZIP					ST - 7.IP				T-1 -:		1	4
TITLE		☐ DELETE	411		į				L Change	· [_	Addition	
NAME			4 21									
STREET ADDRESS					ADDRESS							
CITY-ST-ZIP				4 CITY - S1 - ZIP					Chart		Addition	4
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NAME			5.2 N				900002523 -05/14/9801083	5 (°4) 102	⊦≔• Ω			
STREET ADDRESS					ADDRESS		-U5/14/3877U1U63	U5	U			
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TITLE		☐ VELETE	6.1 T		1				viiailgi		'\'\'\	4
NAME			621		ADDRESS) 6	٧,
STREET ADDRESS			6.3 5	HEET	ADDRESS						1 "	Λ

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 supplience tall 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 13 if changed, or on an attachment with an address.