PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$84490

STERLING DOOR & WINDOW, INC. Mailing Address Principal Place of Business 2991 S. HWY 29 2991 S. HWY 29 **CANTONMENT FL 32533** CANTONMENT FL 32533 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 09/30/1991 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-3217368 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #. etc. Suite, Apt. #. etc. 5. Certificate of Status Desired П Fee Required 27 22 \$5,00 May Be City & State City & State 8. Election Campaign Financing Added to Fees Trust Fund Contribution Country 8. This corporation owes the current year intangible Country Zip 30 Personal Property Tax. 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ANDERSON, JEFFREY D CARLISLE, ROBERT Street Address (P.O. Box Number is Not Acceptable)
2991 S. HWY 29 2991 S. HWY, 29 CANTONMENT FL 32533 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 as 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. avely or ered Agent argneture required when rein ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 1.1 TITLE TILLE CR2E034 CARLISLE, ROBERT ANDERSON, JEFFREY D. 9651 HOLLOWBROOK CR. 1.2 NAME NAME 772 VALLEY RIDGE WAY 1.3 STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32514 PENSACOLA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change OELETE 2.1 TITLE TITLE THOMPSON, MICHAEL P 22 NAME NAME 1226 E. JACKSON ST. 2.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 2.4 CITY- ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 31TIBE TAILE 12 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE AITHE TITLE 4.2 NAME NAME A 3 STREET ACCRESS STREET ADDRESS 4.4 City-ST-ZP CITY-ST-ZIP Addition ☐ Change DELETE 5.1 TITLE TIRLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZP CITY-ST-ZIP Change Addition 6.1 TITLE □ DELETE TIME

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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as infusive 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.

6.2 NAME

6.3 STREET ACCRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE PROURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 02, 1999 8:00 am

Secretary of State

03-02-1999 90076 021 ***150.00