

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # V23184 (7)**

1. Corporation Name

**MASTER'S ALUMINUM & SCREENING, INC.**

Principal Place of Business

**263 SHERYL DR  
DELTONA FL 32738  
US**

Mailing Address

**815 ORIENTA AVE  
STE. 5  
ALTAMONTE SPRINGS FL 32701  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/20/1992**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**59-3119399**

Applied For

Not Applicable

5. Certificate of Status, Unsettled

☐

**\$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 a shareholder fee under Chapter 190, Florida Statutes.

☒ Yes ☐ No

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Country

9. Name and Address of Current Registered Agent

**FOUNTAIN, DENNIS F.  
815 ORIENTA AVE  
STE. 5  
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. State

**FL**

85. Zip Code

11. I, the undersigned, the person or persons designated as agent for the Florida Statutes, the above named corporation, hereby certify that the information furnished in this statement for the purpose of changing the registered office or registered agent is true and correct, and that the corporation has complied with the provisions of Chapter 190, Florida Statutes.

Signature

Date

Signature

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

|                |                        |
|----------------|------------------------|
| NAME           | PD<br>VORPAGEL, DEBORA |
| STREET ADDRESS | 263 SHERYL DR          |
| CITY & STATE   | DELTONA FL             |
| NAME           | VP<br>VORPAGEL, LARRY  |
| STREET ADDRESS | 263 SHERYL DR          |
| CITY & STATE   | DELTONA FL             |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY & STATE   |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY & STATE   |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY & STATE   |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY & STATE   |                        |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |                                                                   |
| CITY & STATE   |  |                                                                   |
| NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |                                                                   |
| CITY & STATE   |  |                                                                   |
| NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |                                                                   |
| CITY & STATE   |  |                                                                   |
| NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |                                                                   |
| CITY & STATE   |  |                                                                   |
| NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |                                                                   |
| CITY & STATE   |  |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law 190.10(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and shall be deemed to be an affirmation of the truth of the information contained in this report as required by Chapter 190, Florida Statutes, and that my name appears on Block 12 or Block 13 of a changed or new attachment with an address.

**SIGNATURE:**

*Signature and Title of Officer or Director*  
**DEBORA J. VORPAGEL, PRESIDENT**

5-17-96 14:51  
325-1768

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APPROVED

FILED

MAY 20 1995

STATE OF FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
SUCCESSIONS, MARSHALS  
AND RECORDS DIVISION  
TALLAHASSEE, FLORIDA 32304

DOCUMENT # **V23465** (0)

ROYAL HO, INC.

6625 DAVID HIGHWAY  
SUITE 49  
PENSACOLA FL 32504  
US

6625 DAVID HIGHWAY  
SUITE 49  
PENSACOLA FL 32504  
US

DELETED WHITE (02 0000 0000)

|                                 |  |                     |  |                                                                                         |  |                                |  |
|---------------------------------|--|---------------------|--|-----------------------------------------------------------------------------------------|--|--------------------------------|--|
| 2. Previous Name of Corporation |  | 2a. Mailing Address |  | 3. Date of Incorporation                                                                |  | 3a. Date of Last Report        |  |
| 21 484 AQUA VISTA               |  | 26 484 AQUA VISTA   |  | 03/25/1992                                                                              |  | 06/29/1994                     |  |
| 22 City, State                  |  | 27 City, State      |  | 4. FIC Number                                                                           |  | Applied Fee                    |  |
| 23 PENSACOLA FL                 |  | 28 PENSACOLA FL     |  | 59-3114180                                                                              |  | Not Applicable                 |  |
| 24 32504                        |  | 29 32504            |  | 5. Certificate of Status Desired                                                        |  | \$8.75 Additional Fee Required |  |
| 25                              |  | 30                  |  | 6. Election Campaign Financing Trust Fund Contribution                                  |  | \$5.00 May Be Added to Fees    |  |
|                                 |  |                     |  | 7. This corporation has liability for state public law under 22-100002 Florida Statutes |  | Yes No                         |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRAN, HIEN  
1703 TONI STREET  
PENSACOLA FL 32504

|                                                   |             |
|---------------------------------------------------|-------------|
| 81 Name                                           | 85 Zip Code |
| 82 Street Address, P.O. Box Number or Post Office |             |
| 83                                                |             |
| 84 City                                           | FL          |

11. Pursuant to the provisions of Sections 22-100001 and 22-100002, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. Use to change was authorized by the corporation's board of directors. Thereby, agent the appointment of registered agent. I am hereby authorized to complete the requirements of the above cited Florida Statutes.

SIGNATURE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                  | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS |  |
|----------------------------|------------------|--------------------------------------------------|--|
| NAME                       | TRAN, HIEN       | NAME                                             |  |
| STREET ADDRESS             | 1703 TONI STREET | STREET ADDRESS                                   |  |
| CITY                       | PENSACOLA FL     | CITY                                             |  |
| STATE                      |                  | STATE                                            |  |
| ZIP CODE                   |                  | ZIP CODE                                         |  |
| NAME                       |                  | NAME                                             |  |
| STREET ADDRESS             |                  | STREET ADDRESS                                   |  |
| CITY                       |                  | CITY                                             |  |
| STATE                      |                  | STATE                                            |  |
| ZIP CODE                   |                  | ZIP CODE                                         |  |
| NAME                       |                  | NAME                                             |  |
| STREET ADDRESS             |                  | STREET ADDRESS                                   |  |
| CITY                       |                  | CITY                                             |  |
| STATE                      |                  | STATE                                            |  |
| ZIP CODE                   |                  | ZIP CODE                                         |  |
| NAME                       |                  | NAME                                             |  |
| STREET ADDRESS             |                  | STREET ADDRESS                                   |  |
| CITY                       |                  | CITY                                             |  |
| STATE                      |                  | STATE                                            |  |
| ZIP CODE                   |                  | ZIP CODE                                         |  |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 22-100001, Florida Statutes. I further certify that the information was obtained as the agent requested or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath. This certificate is a statement of the corporation or the registered agent and is not a statement of the agent as required by Chapter 22-100002, Florida Statutes, and that my name appears in Block 1 of Block 1 of the filing as an officer or director.

SIGNATURE:

*Thien Tran*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95