

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

FILED  
Apr 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V36890** (4)

1. Corporation Name  
**AABLE AWNING AND SCREENROOM, INC.**

Principal Place of Business <b>11504 KNOBBY WAY JACKSONVILLE FL 32223 US</b>	Mailing Address <b>P.O. BOX 56071 JACKSONVILLE FL 32241-6071 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/14/1992**

2. Principal Place of Business <b>21 SAME</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 11504 KNOBBY WAY</b> Suite, Apt. #, etc.
City & State <b>23 JACKSONVILLE FL</b>	City & State <b>28 JACKSONVILLE FL</b>
Zip <b>24 32223</b>	Country <b>29 DUAL</b>

4. FEI Number  
**59-3121405**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
**MATTHEWS, DWIGHT M  
11504 KNOBBY WAY  
JACKSONVILLE FL 32223**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MATTHEWS, DWIGHT M</b>	
STREET ADDRESS	<b>11504 KNOBBY WAY</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>	
TITLE	<b>S/T</b>	<input type="checkbox"/> DELETE
NAME	<b>MATTHEWS, KATHRYN D. M</b>	
STREET ADDRESS	<b>11504 KNOBBY WAY</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MATTHEWS, WESLEY P</b>	
STREET ADDRESS	<b>11504 KNOBBY WAY</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>DIBBLE, GEORGE H III</b>	
STREET ADDRESS	<b>11504 KNOBBY WAY</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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 **KATHRYN D MATTHEWS**

SIGNATURE **KATHRYN D MATTHEWS** 4/14/98 90710837

CR2E034 (10/97)