2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 10, 2000 8:00 am Secretary of State **DOCUMENT # V36890** 1. Entity Name AABLE AWNING AND SCREENROOM, INC. 02-10-2000 90022 001 ***150.00 Mailing Address Principal Place of Business PISO4 KNOBBY WAY 11501-knobby wat JACKSONVILLE FL 32223 JACKSONVILLE FL 32223-7410 US t. AUGUSTINE 19USTINE DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3121405 smuille, Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MATTHEWS, DWIGHT M Street Address (P.O. Box Number is Not Acceptable) 11504 KNOBBY WAY JACKSONVILLE FL 32223 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Delete ☐ Change Addition TITLE MATTHEWS, DWIGHT M NAME NAME 11504 KNOBBY WAY STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32223 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition MATTHEWS, KATHRYN D. M NAME NAME 11504 KNOBBY WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32223 ☐ Change ☐ Addition TITLE ☐ Delete TITLE MATTHEWS, WESLEY P NAME NAME STREET ADDRESS 11504 KNOBBY WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32223 ☐ Change ☐ Addition Delete TITLE DIBBLE, GEORGE H III NAME NAME 11504 KNOBBY WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32223 CITY-ST-ZIP President William B. CAILAHAA 2411 CALADIUM ROAD TACKSINVILLE FL 37211 ☐ Change Addition ☐ Delete TITLE TITLE william B. Callahen 2411 CALADIUM LOM JACKSOIVILLE PC 32211 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.