FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 10:23

DOCUMENT # V37671 (7)

1. Corporation Name
COVERALL WINDOWS, INC.

Principal Place of Business	Mailing Address
C/O PHILLIP M. FINDLEY ~~15704 WARBLER PLACE~~ TAMPA FL 33624	C/O PHILLIP M. FINDLEY 15704 WARBLER PLACE TAMPA FL 33624

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 5555 W. LINEBAUGH AVE	26 4305 Honey Vista Cir
Suite, Apt. #, etc. 22 203	Suite, Apt. #, etc. 27
City & State 23 TAMPA, FLORIDA	City & State 28 TAMPA, FL
Zip / Country 24 33624 / 25 Hillis	Zip / Country 29 33624 / 30 Hillis

3. Date Incorporated or Qualified: 05/18/1992
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-3124118 ☐ Applied For ☐ Not Applicable
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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FINDLEY, PHILLIP M.
15704 WARBLER PLACE
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4305 Honey Vista Cir
83
84 City: TAMPA FL 85 Zip Code: 33624

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: Phillip Findley
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE: 2-6-95

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	FINDLEY, PHILLIP M.
STREET ADDRESS	15704 WARBLER PLACE
CITY-ST-ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☒ Change ☐ Addition
1.2 NAME	FINDLEY, PHILLIP M.	
1.3 STREET ADDRESS	4305 Honey Vista Cir	
1.4 CITY-ST-ZIP	TAMPA, FL 33624	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Phillip Findley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2-6-95
Daytime Phone #: 871-365-1524

0300277 CP