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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # V43012

(6)

ALLSTATE WINDOW & SIDING REMODELERS, INC.

Principal Place of Business Mailino Address 6150 W. FAIRFIELD DR. 6150 W FAIRFIELD DR PENSACOLA FL 32506 PENSACOLA FL 32506 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/10/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3128597 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zŧρ Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent MILLER, JOSEPH E., SR. Name 6150 W FAIRFIELD DR 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32508 83 City 84 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THTLE DELETE 1.1 TITLE Change Addition MILLER, JOSEPH E., SR. NAME 1.2 NAME 7335 LENORA STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 14 City-St-7iP DELETE TITLE 2.1 TITLE MILLER, BETTY C. NAME 2.2 NAME 7335 LENORA STREET ADDRESS 23 STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change 3.1 TITLE ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 

14. Thereby 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.

6.4 CITY - ST - ZIP

FILED
May 08 1998 8:00am
Secretary of State