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

APPROVED AND FILED

95 MAY -1 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V51808** **(6)**

1. Corporate Name
DESIGNER WALLS & WINDOWS, INC.

Principal Place of Business	Mailing Address
8352 LOCKWOOD RIDGE ROAD SUITE 202 SARASOTA FL 34243 US	C/O JEFFERSON F. RIDDELL 3400 S. TAMIAMI TRAIL SARASOTA FL 34239 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/17/1992** | 3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) County (25) | Zip (29) Country (30)

4. FEI Number: **65-0346644** ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RIDDELL, JEFFERSON F P.A
3400 S. TAMIAMI TRAIL
SUITE 202
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section(s) 607.0501 and 617.1508, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	DP	71 TITLE	☐ Change ☐ Addition
12 NAME	ROBSON, RONALD E	72 NAME	
13 STREET ADDRESS	4868 PROCTOR OAKS COURT	73 STREET ADDRESS	
14 CITY ST ZIP	SARASOTA FL	74 CITY ST ZIP	
15 TITLE	DST	75 TITLE	☐ Change ☐ Addition
16 NAME	ALBERTINI, RONALD J	76 NAME	
17 STREET ADDRESS	4868 PROCTOR OAKS COURT	77 STREET ADDRESS	
18 CITY ST ZIP	SARASOTA FL	78 CITY ST ZIP	
19 TITLE	VP	79 TITLE	☐ Change ☐ Addition
20 NAME	ROBSON, CATHY E	80 NAME	
21 STREET ADDRESS	4868 PROCTOR OAKS COURT	81 STREET ADDRESS	
22 CITY ST ZIP	SARASOTA FL	82 CITY ST ZIP	
23 TITLE		83 TITLE	☐ Change ☐ Addition
24 NAME		84 NAME	
25 STREET ADDRESS		85 STREET ADDRESS	
26 CITY ST ZIP		86 CITY ST ZIP	
27 TITLE		87 TITLE	☐ Change ☐ Addition
28 NAME		88 NAME	
29 STREET ADDRESS		89 STREET ADDRESS	
30 CITY ST ZIP		90 CITY ST ZIP	
31 TITLE		91 TITLE	☐ Change ☐ Addition
32 NAME		92 NAME	
33 STREET ADDRESS		93 STREET ADDRESS	
34 CITY ST ZIP		94 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report 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 11 or Block 13 if changed, or on an attached sheet, with an address.

SIGNATURE: _____ _____ Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0344287 CP