

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Norman
Secretary of State
BUREAU OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **V56479** (1)

ANYTHING EXTERIOR, INC.

MAY 11 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **% CARL SILSBEE
3525 NORTHERN BLVD.
LAKE PLACID FL 33852**

Mailing Address: **% CARL SILSBEE
3525 NORTHERN BLVD.
LAKE PLACID FL 33852**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:		2a. Mailing Address:		3. Date incorporated or Qualified:	3a. Date of Last Report:
21		26		08/05/1992	05/01/1994
22 State Abb. # etc.		27 State Abb. # etc.		4. FEI Number:	Applied For:
23 City & State:		28 City & State:		59-3138468	Not Applicable
24		29		5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		B. This Corporation has liability for retroactive fees under s. 199.002, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SILSBEE, CARL 3525 NORTHERN BLVD. LAKE PLACID FL 33852				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 607.0906, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
OFFICER	D SILSBEE, CARL 3525 NORTHERN BLVD. LAKE PLACID FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST. ZIP		4. CITY, ST. ZIP	
OFFICER	D REDMON, JAY 533 N. LAKEVIEW ROAD LAKE PLACID FL	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST. ZIP		8. CITY, ST. ZIP	
OFFICER		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST. ZIP		12. CITY, ST. ZIP	
OFFICER		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST. ZIP		16. 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 199.002, Florida Statutes. I further certify that the information included 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 in the return or financial statement to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if it appears, or on an attachment with an address.

SIGNATURE: *Carl Silsbee* CARL SILSBEE U.P. 9/7/95 (813) 465 4169