

**CORPORATION
ANNUAL REPORT
1995**

**SECRETARY OF STATE
DIVISION OF CORPORATIONS**

FILED

95 MAY -1 AM 2:41

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V71131

(9)

1. Corporation Name

HOOSIER ALUMINUM & VINYL, INC.

Principal Place of Business

**10319 MAIN ST
LOT A-6
THONOTOSASSA FL 33592
US**

Mailing Address

**10319 MAIN ST
LOT A6
THONOTOSASSA FL 33592
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/10/1992

3a. Date of Last Report

04/26/1994

4. FEI Number

59-3143310

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **10319 MAIN ST**

22 **LOT 43**

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**MATSON, CHARLES
10319 MAIN STREET
LOT A-6
THONOTOSASSA FL 33592**

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 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

Charles Matson

CHARLES MATSON, Treas.

4-27-95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRIFFIN, DENNIS
STREET ADDRESS	10319 MAIN ST, LOT 17
CITY - ST - ZIP	THONOTOSASSA FL
TITLE	TSD
NAME	MATSON, CHARLES
STREET ADDRESS	10319 MAIN ST, LOT A6
CITY - ST - ZIP	THONOTOSASSA FL
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	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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)(k), 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:

Charles Matson

CHARLES MATSON, Treas

4-27-95

Signature and typed or printed name of signing officer or director

DATE

813 986-2476