

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

**APPROVED
AND
FILED**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

96 SEP 20 AM 8:27

DOCUMENT # **V71131 (9)**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
HOOSIER ALUMINUM & VINYL, INC.



Principal Place of Business Mailing Address
10319 MAIN ST LOT 17 THONOTOSASSA FL 33592 US
11723 HARMONY RANCH LANE
10319 MAIN STREET LOT 43 THONOTOSASSA FL 33592 US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified **10/10/1992** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-3143310** 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

10. Name and Address of New Registered Agent *Address Change*

MATSON, CHARLES
10319 MAIN STREET LOT A-6 THONOTOSASSA FL 33592
Po Box 427

81 Name **MATSON, CHARLES**
82 Street Address (P.O. Box Number is Not Acceptable) **PO Box 427 9401 GRANFIELD RD**
83 **APT A**
84 City **THONOTOSASSA FL** 85 Zip Code **33592**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of 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 _____ DATE _____
Signature typed or printed in block of registered agent and the corporation. (NOTE: Registered Agent signature required when filing.)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD GRIFFIN, DENNIS
STREET ADDRESS	10319 MAIN ST, LOT 17 11723 HARMONY RANCH LANE THONOTOSASSA FL
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	TSD MATSON, CHARLES
STREET ADDRESS	10319 MAIN ST, LOT 16 BOX 427 THONOTOSASSA FL
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	PD BRIPPIN, DENNIS
3. STREET ADDRESS	11723 HARMONY RANCH LANE THONOTOSASSA, FL 33592
4. CITY-ST-ZIP	
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	TSD MATSON, CHARLES
3. STREET ADDRESS	Box 427 R/A THONOTOSASSA, FL 33592
4. CITY-ST-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3. CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. CITY-ST-ZIP	

*****225.00 *****225.00
-10/04/96 - 01004 - 005
****225.00

8/10/96

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 Sec-Treas* 8-21-96 8B-986-2472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing