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

May 01 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra &. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9)HOOSIER ALUMINUM & VINYL, INC. Principal Place of Business Mailing Address 11723 HARMON RANCH LANE 11723 HARMON RANCH LANE THONOTOSASSA FL 33592 THONOTOSASSA FL 33592 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/10/1992 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 21 Not Applicable 59-3143310 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes Yes 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MATSON, CHARLES 9401 GRANFIELD RD 82 Street Address (P.O. Box Number is Not Acceptable) APT A 83 THONOTOSASSA FL 33592 84 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 Signature, typed or printed name of registered agon) and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE PD 1.1 TITLE **GRIFFIN, DENNIS** NAME 12 NAME 11723 HARMONY RANCH LANE STREET ADDRESS 1.3 STREET ADDRESS THONOTOSASSA FL 33592 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 21 DTLF MATSON, CHARLES NAME 22 NAME **BOX 427 N/A** STREET ADDRESS 2.3 STREET ADDRESS THONOTOSASSA FL 33592 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE Change Addition 6.2 NAME

> 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby 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.

SIGNATURE:

\*\*Chapter\*\*

\*\*Chapter\*\*

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\*\*Chapter\*\*

\*\*SIGNATURE:\*\*

\*\*Provided Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

\*\*SIGNATURE:\*\*

\*\*Provided Statutes\*\*

\*\*Provided

**FILED**