

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Gordon B. Mottam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 PM 12:55

DOCUMENT # 524627 (7)

1. Corporation Name

OMEGA DOOR MFG. CO. OF VENICE

Principal Place of Business

328 SEABOARD AVE
VENICE FL 34292

Mailing Address

328 SEABOARD AVE
VENICE FL 34292

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/27/1977

3a. Date of Last Report

10/18/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-1710593

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

MOULIN, FRANK
8035 MANASOTA KEY ROAD
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name

JAMES A. BUONPANE

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

1778 BAYSHORE DRIVE

83

84 City

ENGLEWOOD

FL

85 Zip Code

34223

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

James A. Buonpane

JAMES A. BUONPANE

1/10/95

(Signature of, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

SD

NAME

MOULIN, FRANK

STREET ADDRESS

8035 MANASOTA KEY ROAD

CITY - ST - ZIP

ENGLEWOOD, FL 00000

TITLE

PD

NAME

BOUNPANE, RICHARD

STREET ADDRESS

1866 BAYSHORE DRIVE

CITY - ST - ZIP

ENGLEWOOD, FL 00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

SECRETARY DIRECTOR

☒ Change

☐ Addition

1.2 NAME

JAMES A. BUONPANE

1.3 STREET ADDRESS

1778 BAYSHORE DRIVE

1.4 CITY - ST - ZIP

ENGLEWOOD FLA 34223-1508

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 110.07(3)(k), Florida Statutes. I further certify that the information reflected 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:

James A. Buonpane

JAMES A. BUONPANE

1/10/95 813 4813735

(Signature and typed or printed name of signing officer or director)

(Date)

(Filing Number)