

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 10, 1999 8:00 am
Secretary of State
08-10-1999 90017 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000057846		
1. Corporation Name ARC OVERHEAD DOOR INC.		

Principal Place of Business 10907 MEADOWLARK COVE DR. FT. MYERS FL 33908	Mailing Address 10907 MEADOWLARK COVE DR. FT. MYERS FL 33908
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/30/1997	
4. FEI Number 65-0766326		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 owes the current year Intangible Personal Property. ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent DEGIORGIO, LISA G 10907 MEADOWLARK COVE DR. FT. MYERS FL 33908				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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DEGIORGIO, LISA G	1.2 NAME	
STREET ADDRESS	10907 MEADOWLARK COVE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33908	1.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DEGIORGIO, JOHN	2.2 NAME	
STREET ADDRESS	10907 MEADOWLARK COVE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33908	2.4 CITY-ST-ZIP	
TITLE	S ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DEGIORGIO, SEBASTIAN	3.2 NAME	
STREET ADDRESS	10907 MEADOWLARK COVE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33908	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* **8/3/99 (941) 489-3623**

CR2E034 (5/99)

Arc Overhead Door Incorporated
10907 Meadowlark Cove Drive
Ft. Myers, FL 33908
(941)489-6089

P97000057846
~~603~~ 603 603586-90017-2

August 3, 1999

Department of State
Division of Corporations
Annual Reports Filings
P o Box 1500
Tallahassee, FL 32302

Gentlemen:

I spoke to a representative at the number you give out on the form cover (850)488-9000. They have informed me to write this letter for the following reasons.

I already have filled out this annual report form several months ago and mailed it before going away on vacation (well surgery really). When I returned from my trip, I noticed that I got another form saying **2ND NOTICE** on it with a filing fee of \$550.00 !!!

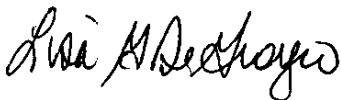
I was in shock that you did not get the original annual report sometime in April - May. When I returned this past week (7/31) I immediately checked to see if the check I mailed had cleared and it was not cashed. So this tells me that you did not receive it. I have been filing these reports for several years and never needed to send it certified and/or keep copies so I had no proof of any kind.

But believe me, I will have to copy the form I send to you and send it certified mail in the future from now on. The representative I spoke to said to put this in writing and enclose another \$ 150.00 check and this should satisfy the state.

If you have any questions, please call me at (941)489-3623. This is my home number so you can reach me much faster and/or leave a message.

Thank you in advance for your attention to this matter and I hope you will honor my filing fee of \$ 150.00 along with this **2ND NOTICE** since I did not copy the original one several months ago.

Sincerely,



Lisa G. DeGiorgio
Arc Overhead Door - President