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	Mailing Address
10907 MEADOWLARK COVE DR. FT. MYERS FL 33908	10907 MEADOWLARK COVE DR. FT. MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1997

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

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	10. Name and Address of New Registered Agent
DEGIORGIO, LISA G 10907 MEADOWLARK COVE DR. FT. MYERS FL 33908	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DEGIORGIO, LISA G 10907 MEADOWLARK COVE DR FT MYERS FL 33908	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DEGIORGIO, JOHN 10907 MEADOWLARK COVE DR FT MYERS FL 33908	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DEGIORGIO, SEBASTIAN 10907 MEADOWLARK COVE DR FT MYERS FL 33908	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/99)

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: Lisa G DeGiorgio REQUIRED 8/3/95 (941)489-3623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P97000057846
L03586-90017-2

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

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