

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

FILED

May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 182054

(7)

1. Corporation Name
FLORIDA MADE DOOR CO.

Principal Place of Business
STATE ROAD 501
P.O. BOX 128
ASTATULA FL 34705-0128

Mailing Address
STATE ROAD 501
P.O. BOX 128
ASTATULA FL 34705-0128



2. Principal Place of Business 21 13700 Virginia Avenue		2a. Mailing Address 26 13700 Virginia Avenue		3. Date Incorporated or Qualified 12/10/1954		3a. Date of Last Report 04/25/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-0737960		Applied For Not Applicable	
23 City & State Astatula FL		28 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
24 Zip 34705		25 Country		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
29 Zip		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

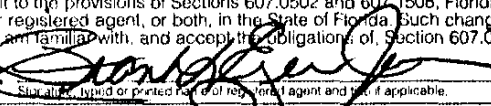
9. Name and Address of Current Registered Agent

~~CT CORPORATION SYSTEM~~
~~1200 S. PINE ISLAND ROAD~~
~~PLANTATION FL 33324~~

10. Name and Address of New Registered Agent

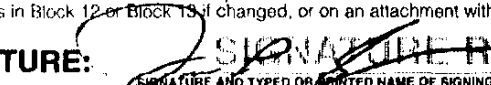
81 Name **Frank L. Eger, Jr., President**
82 Street Address (P.O. Box Number is Not Acceptable)
13700 Virginia Avenue
83 **Astatula Florida**
84 City **Astatula** **FL** 85 Zip Code **34705**

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:  **PRESIDENT** **04/10/97**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	EGER, FRANK L., JR.	1.2 NAME	
STREET ADDRESS	13700 VIRGINIA AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ASTATUL FL	1.4 CITY - ST - ZIP	
TITLE	VPT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	EGER, JOSEPH P.	2.2 NAME	
STREET ADDRESS	375 WEST HAZELTON AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	STOCKTON CA	2.4 CITY - ST - ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		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 do 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 REQUIRED

04/10/97

352) 742-1000

Date

Daytime Phone #

0445140

CR2E034 (9/96)