FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **352036** **(8)**

1. Corporate Name
CENTRAL DOOR COMPANY INC

Principal Place of Business
2500 EXECUTIVE RD.
P.O. BOX 1465
WINTER HAVEN FL 33884-1163

Mailing Address
2500 EXECUTIVE RD.
P.O. BOX 1465
WINTER HAVEN FL 33884-1163

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 09/10/1969
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business
21 2500 EXECUTIVE ROAD
Suite Apt # or Lot
22
City & State
23 WINTER HAVEN, FLORIDA
Zip 24 33884-1163 County 25 POLK

2a. Mailing Address
26 P.O. BOX 1465
Suite Apt # or Lot
27
City & State
28 WINTER HAVEN FLORIDA
Zip 29 33882-1465 County 30 POLK

4. FEI Number: 59-1272478 — 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
GIROUARD,RAYMOND P
2500 EXECUTIVE RD
WINTER HAVEN FL 33880

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 Section 607.0505 and 607.1008, 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 hereby accept the obligations of my position as registered agent, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GIROUARD, RAYMOND P
STREET ADDRESS	2500 EXECUTIVE RD
CITY, ST, ZIP	WINTER HAVEN, FL 00000
TITLE	STD
NAME	GIROUARD, EVELYN S
STREET ADDRESS	2500 EXECUTIVE RD
CITY, ST, ZIP	WINTER HAVEN, FL 00000
TITLE	VP
NAME	GIROUARD, SCOTT R.
STREET ADDRESS	2500 EXECUTIVE ROAD
CITY, ST, ZIP	WINTER HAVEN FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report is substantially accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the undersigned understands that the 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 the report as required by Chapter 607, Florida Statutes, and that my name appears above, or on the attached schedule in the proper capacity.

SIGNATURE: SCOTT R. GIROUARD *Scott R. Girouard* — MAY 1, 1995 — (813)324-3719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0318720 CP