

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 575579 (8)

1. Corporation Name

ALDOORS OF FLORIDA, INC.



Principal Place of Business

6959 VENTURE CIRCLE
ORLANDO, FL 32807

Mailing Address

6959 VENTURE CIRCLE
ORLANDO, FL 32807

3. Date Incorporated or Qualified
06/13/1978

3a. Date of Last Report
08/15/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1844035

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GEIGER, LINDA SUE
9452 PHILLIPS HIGHWAY, SUITE 1
JACKSONVILLE FL 32256-1332

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME FISHER, M.C.
STREET ADDRESS 230 EJW ROAD
CITY-ST-ZIP BYLTHEWOOD SC

TITLE V ☐ DELETE
NAME FISHER, RANDAL C.
STREET ADDRESS 127 CALLOWAY COURT
CITY-ST-ZIP COLUMBIA SC

TITLE T ☐ DELETE
NAME FISHER, TIMOTHY A.
STREET ADDRESS 9 MYSTIC WAY DR
CITY-ST-ZIP COLUMBIA SC

TITLE S ☐ DELETE
NAME COWART LINDA L
STREET ADDRESS 101 NORSE WAY
CITY-ST-ZIP COLUMBIA SC

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME FISHER, RANDAL C.
2.3 STREET ADDRESS 113 WOODLANDS WEST
2.4 CITY-ST-ZIP COLUMBIA, SC 29223

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 COWART, LINDA L.
4.3 STREET ADDRESS 200 E KANA DRIVE
4.4 CITY-ST-ZIP OVEIDO, FL 32765

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 119.07(3)(k), 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:

RANDAL C. FISHER

1/24/96

803-788-1357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)