

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90104 028 \*\*\*150.00

**DOCUMENT # 575579**

1. Corporation Name

**ALDOORS OF FLORIDA, INC.**



Principal Place of Business

6959 VENTURE CIRCLE  
ORLANDO, FL 32807

Mailing Address

P.O. BOX 23159  
COLUMBIA SC 29224-3159

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/13/1978**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24**

**25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29**

**30**

9. Name and Address of Current Registered Agent

**GEIGER, LINDA S**  
**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	<input type="checkbox"/> DELETE
NAME	FISHER, M C	
STREET ADDRESS	230 EJW ROAD	
CITY-ST-ZIP	BYLTWOOD SC	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FISHER, RANDAL C	
STREET ADDRESS	113 WOODLANDS WEST	
CITY-ST-ZIP	COLUMBIA SC	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FISHER, TIMOTHY A	
STREET ADDRESS	9 MYSTIC WAY DR	
CITY-ST-ZIP	COLUMBIA SC	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	COWART, LINDA L	
STREET ADDRESS	200 E. KANA DRIVE	
CITY-ST-ZIP	OVEIDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVID. MCLEROY	
1.3 STREET ADDRESS	609 HOGANS VALLEY WAY	
1.4 CITY-ST-ZIP	CARY, NC 27513	
2.1 TITLE	T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ERNEST R. WILKINS	
2.3 STREET ADDRESS	2434 INDUSTRIAL DR.	
2.4 CITY-ST-ZIP	DURHAM, NC 27704	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/9/99**  
Date

**919-381-0094**  
Daytime Phone #

CR2E034 (1/98)