FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **825397** **(3)**

1. Corporation Name

SOUTHERN DOOR LITE CO., INC.

Principal Place of Business	Mailing Address
46 WESTLAND BOULEVARD SOUTHWEST ATLANTA GEORGIA 30311	46 WESTLAND BOULEVARD SOUTHWEST ATLANTA GEORGIA 30311

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/20/1970**

3a. Date of Last Report: **04/01/1994**

2. Principal Place of Business
21: Hwy 17 North
22: Suite, Apt. #, etc.
23: City & State: Palatka FL
24: Zip: 32177
25: Country: USA

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: **58-0670267** ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MOTZ, WILLIAM A.
125 MELLON ROAD
PALATKA FL 32077

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 _____ 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	D	11 TITLE	☐ Change ☐ Addition
NAME	FIELDS,ALVIN M	12 NAME	
STREET ADDRESS	2070 CASTLE LAKE DR.	13 STREET ADDRESS	
CITY-ST-ZIP	TYRONE GA	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	FIELDS,MARION M	22 NAME	
STREET ADDRESS	2070 CASTLE LAKE DR.	23 STREET ADDRESS	
CITY-ST-ZIP	TYRONE GA	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	FIELDS,A MCKINNON	32 NAME	
STREET ADDRESS	4540 DERRICK RD.	33 STREET ADDRESS	
CITY-ST-ZIP	COLLEGE PARK GA	34 CITY-ST-ZIP	
TITLE	SV	41 TITLE	☐ Change ☐ Addition
NAME	FIELDS, BARBARA.	42 NAME	
STREET ADDRESS	4540 DERRICK RD.	43 STREET ADDRESS	
CITY-ST-ZIP	COLLEGE PARK GA	44 CITY-ST-ZIP	
TITLE	EV	51 TITLE	☐ Change ☐ Addition
NAME	STEVENS, BRANDON H.	52 NAME	
STREET ADDRESS	108 SHIREWOOD PARK	53 STREET ADDRESS	
CITY-ST-ZIP	PEACHTREE CITY GA	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Barbara B. Fields 4-26-95 404-691-6022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BARBARA B. FIELDS

0360562 FP