

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 # 825397 (3)

1. Corporation Name

SOUTHERN DOOR LITE CO., INC.

Principal Place of Business

HWY. 17 NORTH
PALATKA FL 32177
US

Mailing Address

46 WESTLAND BOULEVARD SOUTHWEST
ATLANTA GEORGIA 30311



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/20/1970		3a. Date of Last Report 05/01/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FET Number 58-0670267		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MOTZ, WILLIAM A. 125 MELLON ROAD PALATKA FL 32077				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

FL

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FIELDS, ALVIN M			1.2 NAME			
STREET ADDRESS	2070 CASTLE LAKE DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	TYRONE GA			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FIELDS, MARION M			2.2 NAME			
STREET ADDRESS	2070 CASTLE LAKE DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	TYRONE GA			2.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	Division President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FIELDS, A MCKINNON			3.2 NAME			
STREET ADDRESS	4540 DERRICK RD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	COLLEGE PARK GA			3.4 CITY-ST-ZIP			
TITLE	SV	<input type="checkbox"/> DELETE		4.1 TITLE	Division VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FIELDS, BARBARA			4.2 NAME			
STREET ADDRESS	4540 DERRICK RD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	COLLEGE PARK GA			4.4 CITY-ST-ZIP			
TITLE	EV	<input type="checkbox"/> DELETE		5.1 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEVENS, BRANDON H.			5.2 NAME			
STREET ADDRESS	108 SHIREWOOD PARK			5.3 STREET ADDRESS			
CITY-ST-ZIP	PEACHTREE CITY GA			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	Kelley F. Hall		
STREET ADDRESS				6.3 STREET ADDRESS	4819 Hill Creek Ct.		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Marietta GA 30062		

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:

Harold Osmon Controller 3/18/96 404 691 1216
Signature and typed or printed name of signing officer or director

CR2E034 (12/95)