

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

FILED
Apr 30 1998 8:00am
Secretary of State

| | | |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|-----------------|------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 11/20/1970 | |
| 21 Suite, Apt. #, etc. | 22 City & State | 26 Suite, Apt. #, etc. | 27 City & State | 4. FEI Number 58-0670267 | Applied For Not Applicable |
| 23 Zip | 25 Country | 28 Zip | 30 Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|-------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|----------------|
| 9. Name and Address of Current Registered Agent BASSETT, WALTER 5066 LAZY MEADOW CT ORANGE PARK FL 32073 | | 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 on postcard must be printed on back of card and attached to back of card)
(NOTE: Registered Agent's signature required when resigning) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | V | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FIELDS, A MCKINNON | 1.2 NAME | |
| STREET ADDRESS | 4540 DERRICK RD. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | COLLEGE PARK GA | 1.4 CITY - ST - ZIP | |
| TITLE | V | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FIELDS, BARBARA. | 2.2 NAME | |
| STREET ADDRESS | 4540 DERRICK RD. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | COLLEGE PARK GA | 2.4 CITY - ST - ZIP | |
| TITLE | P | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEVENS, BRANDON H. | 3.2 NAME | |
| STREET ADDRESS | 810 GREYSTONE CT | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | PEACHTREE CITY GA | 3.4 CITY - ST - ZIP | |
| TITLE | S | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HALL, KELLEY F. | 4.2 NAME | |
| STREET ADDRESS | 4819 HILL CREEK CT | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | MARIETTA GA | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____
4-9-98

CR2E034 (10/97)