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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # F78716

(0)

LOCKLANDO DOOR AND MILLWORK, INC.

Principal Place of Business Mailing Address					1 4001100 tier 10001 10111 46004 11648 Attr	ārāra Bilāsi dibil dibil Bilai	AL BURN SORE
13650 SOUTHRIDGE INDUSTRIAL DR. TAVARES FL 32778 US 13650 SOUTHRIDGE INDUSTRIAL TAVARES FL 32778-9100 US				L DR.			
					 Date Incorporated or Qualified 05/04/1982 	3a. Date of Last I 02/23/1996	Report
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-2197679		lot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution		May Be I to Fees
Ζιρ	Country	Zip	Country	/	8. This corporation has liability for i		
24	25	29	30			Yes 🔲 No	
	9. Name and Address of Curre	nt Registered Agent		Line	10. Name and Address of New Re-	glatered Agent	
	IN, PHILLIP P		81	Name			
13650 SOUTHRIDGE INDUSTRIAL DRIVE TAVARES FL 32778			82	Street Ado	lress (P.O. Box Number is Not Acceptab	łe)	· · ·
IAV	AMES FL 32110		83				
				00			
			84			FL I''	Code
office or r	egistered agent, or both, in the State	e of Florida. Such change was	s authorized b	v the corpora	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing	its registered s registered
agent. La	m familiar with, and accept the oblig	ations of, Section 607.0505, I	Florida Statute	S.	, ,	.,	•
SIGNATURE	Source Fee Hyp+ of or printed mone of regishmolage	er Land title il applicable. (NO	OTE: Registered An	ent signature requ	ired when reinstaling)	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		RS IN 12
THILF	P	DELETE	1,1 Title			☐ Change	Addition
KAM!	EDLIN, PHILLIP P.		1.2 NAME				
STREET ADDRESS	26500 SAVAGE CIRCLE		1.3 STREE	T ADORES\$		•	
C(TY+S1+Z)P	HONEY-IN-THE HILLS FL	T on our	1.4 CITY-	ST-ZIP			
TITLE	st Davis,j o anne	☐ DELETE	2.1 TITLE			L_1 Change	Addition
NAME STREET ADDRESS	30529 ALCREST AVE		2.2 NAME	r ADDDCCC			
CITY-S1-ZIP	SORRENTO FL		2.3 STREE 2.4 CITY-	T ADDRESS			
TIFLE	JOANELII O I E	DELETE	3.1 TITLE	51-ZIP	1	Change	Addition
NAMÉ			3.2 NAME				
STREET ADDRESS		•	3.3 STREE	T ADDRESS			
C(1)Y - S1 - Z(P			3.4 CITY-	ST-ZIP			
TILLE		DELETE	4.1 TITLE			Change	Addition
NAM E			4.2 NAME				
STREET ADDITISS				T ADDRESS			
CHY-S1-ZIP		Delete	4.4 CITY - 1	ST-ZIP		Па.	
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME CIDILI ADDDLESS			5.2 NAME	1 10000000			
STREET ADDRESS				ADDRESS			
CITY - ST - ZIP TOLE	The state of the s	DELETE	5.4 CITY-1 6.1 TITLE	51-214		☐ Change	Addition
NAME		<u></u>	62 NAME			Shange	- Addition
STREET ADDRESS				ADDRESS			

14. I do 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:



2-2897

352-343-6666

FILED

Mar 05 1997 8:00am

Secretary of State