

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 NOV 23 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002477 (8)

1. Corporation Name

AUTOMATIC DOOR SYSTEMS, INC.

Principal Place of Business

2180 THIRD AVE
MANDEVILLE LA 70471
US

Mailing Address

P.O. BOX 397
MANDEVILLE LA 70470-0397

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1993

4. FEI Number

72-1128724

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

100002698201 G
-11/30/98--01137--015

84. City

***150.00 ***150.00
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME ☐ DELETE

DP
MARTINEZ, JAVIER JR.
412 YAUPON DRIVE
MANDEVILLE LA 70448

1.1 TITLE ☒ Change ☐ Addit

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2. NAME ☐ DELETE

DS
MARTINEZ, JEAN
1002 LIVE OAK LOOP
MANDEVILLE LA 70448

2.1 TITLE ☐ Change ☐ Addit

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3. NAME ☐ DELETE

DVP
MARTINEZ, JAVIER SR.
1002 LIVE OAK LOOP
MANDEVILLE LA 70448

3.1 TITLE ☐ Change ☐ Addit

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4. NAME ☐ DELETE

5. NAME ☐ DELETE

4.1 TITLE ☐ Change ☐ Addit

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

6. NAME ☐ DELETE

7. NAME ☐ DELETE

5.1 TITLE ☐ Change ☐ Addit

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

8. NAME ☐ DELETE

9. NAME ☐ DELETE

6.1 TITLE ☐ Change ☐ Addit

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.