

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

FILED

Feb 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000005517 (6)**

1. Corporation Name  
**A 24 HR. DOOR SERVICE, INC.**

Principal Place of Business

**273 GLENWOOD DR  
LAKELAND FL 33805  
US**

Mailing Address

**273 GLENWOOD DR  
LAKELAND FL 33805  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/10/1995**

4. FEI Number

**16-1350798**

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

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

g. Name and Address of Current Registered Agent

**KING, DONALD P  
4410 N SOCRUM LOOP RD  
LAKELAND FL 33809**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

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]*

(NOTE: Registered Agent signature required when reinstating)

**2/19/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>DCPS</b>	DELETE
NAME	<b>KING, DONALD P</b>	
STREET ADDRESS	<b>4410 N SOCRUM LOOP RD</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33809</b>	

TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KING, DONALD P</b>	
STREET ADDRESS	<b>4410 N SOCRUM LOOP RD</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33809</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	<b>273 Glenwood Dr</b>	
1.4 CITY-ST-ZIP	<b>Lakeland, FL 33805</b>	

2.1 TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Michael Vega</b>	
2.3 STREET ADDRESS	<b>273 Glenwood Dr</b>	
2.4 CITY-ST-ZIP	<b>Lakeland, FL 33805</b>	

3.1 TITLE	<b>Assistant Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Stephan Suliman Jr.</b>	
3.3 STREET ADDRESS	<b>273 Glenwood Dr.</b>	
3.4 CITY-ST-ZIP	<b>Lakeland, FL 33805</b>	

4.1 TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Brian Reed</b>	
4.3 STREET ADDRESS	<b>273 Glenwood Dr</b>	
4.4 CITY-ST-ZIP	<b>Lakeland, FL 33805</b>	

5.1 TITLE	<b>Assistant Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>David A. Brock</b>	
5.3 STREET ADDRESS	<b>273 Glenwood Dr.</b>	
5.4 CITY-ST-ZIP	<b>Lakeland, FL 33805</b>	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/19/98**

**941-687-6100**

CR2E034 (10/97)