

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90008 049 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005517

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

273 Glenwood Dr

83

84 City

Lakeland

FL

85 Zip Code

33805

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

TITLE	DCPS	<input type="checkbox"/> DELETE
NAME	KING, DONALD P	
STREET ADDRESS	273 GLENWOOD DR	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	VEGA, MICHAEL	
STREET ADDRESS	273 GLENWOOD DR	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	AVP	<input checked="" type="checkbox"/> DELETE
NAME	SULIMAN, STEPHEN JR	
STREET ADDRESS	273 GLENWOOD DR	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	REED, BRIAN	
STREET ADDRESS	273 GLENWOOD DR	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BROCK, DAVID A	
STREET ADDRESS	273 GLENWOOD DR	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	15551 Otsego St.
2.4 CITY-ST-ZIP	Encinitas, CA 91436
3.1 TITLE	Secretary
3.2 NAME	SULIMAN, MARCEL
3.3 STREET ADDRESS	25134 Soto Rd
3.4 CITY-ST-ZIP	Hayward, CA 94544
4.1 TITLE	Assistant Secretary
4.2 NAME	OYE, SIMON
4.3 STREET ADDRESS	25134 Soto Rd
4.4 CITY-ST-ZIP	HAYWARD, CA. 94544
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: **X** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/99

Date

941-687-6100

Daytime Phone #

CR2E034 (11/98)