

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

FILED

Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G95168** (2)
1. Corporation Name
TRI COUNTY DOORS, INC.

Principal Place of Business
**% PATRICK A. THEW
350 DENNISON DR.
PORT ST. LUCIE FL 34952**

Mailing Address
**% PATRICK A. THEW
350 DENNISON DR.
PORT ST. LUCIE FL 34952**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/06/1984	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2384205	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	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 THEW, PATRICK A 16 SOVEREIGN WAY PORT ST. LUCIE FL 34949		10. Name and Address of New Registered Agent	
81	Name	THEW, PATRICK A.	
82	Street Address (P.O. Box Number is Not Acceptable)	16 SOVEREIGN WAY	
83			
84	City	FT. Pierce	85 Zip Code FL 34949

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: *Patrick A. Thew* 1-7-98
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	
TITLE	PD	1.1 TITLE	Pres.
NAME	THEW, PATRICK A.	1.2 NAME	
STREET ADDRESS	16 SOVEREIGN WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34949	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	SECRETARY-CAROLE L. THEW
NAME	THEW, CAROLE L.	2.2 NAME	
STREET ADDRESS	16 SOVEREIGN WAY	2.3 STREET ADDRESS	16 SOVEREIGN WAY
CITY-ST-ZIP	FORT PIERCE FL	2.4 CITY-ST-ZIP	FT. Pierce FL 34949
TITLE	V	3.1 TITLE	V.P.
NAME	BURKE, RICHARD A.	3.2 NAME	Michael P Thew
STREET ADDRESS	1126 SE CLIFTON LANE	3.3 STREET ADDRESS	16 SOVEREIGN WAY
CITY-ST-ZIP	PORT ST. LUCIE FL	3.4 CITY-ST-ZIP	FT. Pierce FL 34949
TITLE	STD	4.1 TITLE	Treasurer
NAME	BURKE, LUCILLE	4.2 NAME	Gerald A. BURKE
STREET ADDRESS	1126 SE CLIFTON LANE	4.3 STREET ADDRESS	420 SE FALLON DR
CITY-ST-ZIP	PORT ST. LUCIE FL	4.4 CITY-ST-ZIP	PORT ST. LUCIE FL 34983
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *Patrick A. Thew* 1-7-98

CR2E034 (10/97)