SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

1225 BENNETT DR. 138



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name H01216

(1)

H & L DOOR COMPANY, INC.

Mailing Address 1225 BENNETT DR. 138 LONGWOOD FL 32750

FILED Oct 01 1998 8:00am Secretary of State



LONGWOOD F	L 327 50	LONGWOOD FL 32750					DO NOT WRITE	N THIS SI	PACE			
								3. Date Incorporated or Qualified	11110	NOL .]	
								04/30/1984				
2. Principal P	lace of Business	2a. Mailing	2a. Mailing Address				4. FEI Number		Applied	For		
21		26	26				59-2431437		Not App	licable		
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Addition	onal		
22		[27]					5. Certificate of Status Desired		Fee Require	d		
City & Stat	le	City &	City & State				6. Election Campaign Financing		\$5.00 May			
23		28					Trust Fund Contribution	<u> </u>	Added to Fee			
Zip	}, '				Coun	try	The collection of the band the callett for the last					
24	25	29	30 Sept				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent					
Name and Address of Current Registered Agent BAGGETT, HAROLD J.							81 Name					
715 TROMC HILL												
	AMONTE SPRIK					2 Street Address (P.O. Box Number is Not Acceptable)						
ALI		Ī						,				
					Ĺ							
					[84	City		FL	85 Zip Code		
11. Pursuant	t to the provisions	of sections 607.050	2 and 607.1508	Florida Statute	s, the abo	ve-r	named corpor	ration submits this statement for the purpo-	se of ch an	ging Its register	ed	
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: Regis						d Ag	jent signature requ	irad when reinstating)	DATE			
12.	,	OFFICERS AN	D DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTORS II	N 12	
TITLE	P	40010		DELETE	1,1 TITL					Change	Addition	
NAME	BAGGETT, H				1,2 NAM						ı	
STREET ADDRESS	715 TROPIC						ADDRESS				1	
CITY-ST-ZIP	ALTAMONTE	SPHINGS FL		r=-1	1.4 CITY		ZIP			7		
TITLE	VP	DANIOTO I		DELETE	2,1 TITL				ليا	Change /	Addition	
NAME	BAGGETT, FI					2.2 NAME					-	
STREET ADDRESS	715 TROPIC						ADDRESS					
CITY-ST-ZIP	ALTAMONTE SPRINGS FL					-ST-	ZIP		7			
TITLE	· Colored					3.1 TITLE			Ų	Change /	Addition	
NAME						3.2 NAME					1	
STREET ADDRESS	107 E CITRUS ST ALTAMONTE SPRGS FL					3.3 STREET ADDRESS						
CITY-ST-ZIP	ALIAMONIE	SPRUS FL		F-1	3.4 CITY		ZIP					
TITLE] DELETE	4.1 TITU				L.,	Change [] /	Addition	
NAME					4.2 NAM						1	
STREET ADDRESS							ADDRESS				İ	
CITY-ST-ZIP					4.4 CITY		ZIP					
TITLE				DELETE	5.1 TITL				ليا	Change /	Addition	
NAME					5.2 NAM							
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					5.4 CITY		ZIP					
TITLE				DELETE	6.1 TITLE				ليا	Change #	Addition	
NAME					6.2 NAM						1	
STREET ADDRESS					6.3 STR	ET A	ADDRESS					

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.

Analos Ton Hours HILL

9-21-98

(407)834-7258