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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H73428

(5)

Mailing Address

VENTURE DOOR & TRIM, INC.

FILED Mar 05 1997 8:00am Secretary of State

|--|

| 440 ROBERTS ROAD OLDSMAR FL 34677 | | 440 ROBERTS ROAD OLDSMAR FL 34677-4915 | | | | | | | | |
|---|--|--|------------------|---------|-------------------|--|----------------------------------|-----------------------------------|----------------------------|--|
| | | | | | | 3. Date incorporated or Qualified 08/26/1985 | 3a. Date o | | eport | |
| 2. Principal Place of Bu | rsiness | 2a. Mailing Address | | | | 4. FEI Number | 1 7 7 7 | | plied For | |
| 21 | | 26 | 26 | | | 59-2577859 | | No | t Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt #, etc. | 27 | | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | | |
| City & State | | City & State | City & State | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | |
| Ζφ 24 | Country Zip 25 29 29 | | | untry | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes No No | | | | |
| | ne and Address of Cui | rent Registered Agent | Registered Agent | | | 10. Name and Address of New Registered Agent | | | | |
| SCHEUBLEIN | N. JERRY | | | 81 | Name | | | | | |
| 555 RANCH ROAD TARPON SPGS. FL 33589 | | | | 82 | Street Add | ress (P.O. Box Number is Not Acceptab | le) | | | |
| 1ANPON 5PG5. PL 33369 | | | | 83 | | THE STATE OF THE S | | | - 11 | |
| | | | | 84 | City | | FL 8 | ; Zip (| Code | |
| office or registered | agent, or both, in the S | 0502 and 607.1508, Florida State of Florida Such change woolgations of, Section 607.0505 | as authorize | ed by | the corpora | poration submits this statement for the pation's board of directors. I hereby acceptation | urpose of cha of the appointr | nging it nent as | s registered registered | |
| SIGNATURE | | | | | | | | | | |
| | prof or printed name of registerer | | NOTE: Register | | nl signature requ | ured when reinstating) ADDITIONS/CHANGES TO OFFIC | DATE | ECTÓD | ic iki to | |
| 12. | OFFICERS | AND DIRECTORS DELETE | | | | ADDITIONS/CHANGES TO OFFIC | | Change | Addition | |
| TITLE PDS | IDLEAL CODY | L] DECER | | TITLE | | | لسا | onange | Mullion | |
| 1 - | UBLEIN, JERRY | | | MANE | | | | | | |
| | ANCH ROAD | | | | ADDRESS | | | | | |
| | ON SPRINGS FL | T pricts | | CITY-S | T-ZIP | | | Change | Addition | |
| TITLE | | ☐ DELETE | 211 | | 1 | | L.J | uranye | Addition | |
| NAME | | | | NAME | | | | | | |
| STREET ADDRESS | | | 23 | STAEET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | ST-ZIP | | | | FT | |
| HILE | | DELETE | | TITLE | | | ليا | Change | Addition | |
| NAME | | | 3.21 | NAME | | | | | | |
| STREET ADDRESS | | | 3.3 (| STREET | ADDRESS | | | | | |
| CHY-ST 20P | VII. 4.1. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. | | 3.4. | CITY -: | ST-ZIP | | | | | |
| TOTLE | | ☐ DELETE | 4.1 | TITLE | | | L | Change | Addition | |
| NAME | | | 4 2 | NAME | ľ | | | | | |
| STREET ADDRESS | | | 4.3 | STREET | ADDRESS | | | | | |
| City-St ZiP | | | 4.4 | CITY-S | ST-71P | | | | | |
| TITLE | | DELETE | 5.1 | TITLE | | | | Change | Addition | |
| NAME | | | 5.21 | NAME | Ì | | | | | |
| STREET ADDRESS | | | 53 | STREET | ADDRESS | | | | | |
| CITY -ST - ZiP | | | 5.4 | CITY-5 | IT-ZIP | | | | | |
| THUE | | DELETE | | TITLE | | | | Change | Addition | |
| NAME | | | 6.2 | NAME | | | | | | |
| STREET AUDRESS | | | | | ADDRESS | | | | | |
| | | | | C/TY-5 | l l | | | | | |
| CHY-ST-Ziff 1.do hereby certify | that the information sun | plied with this filing does not a | | | | ed in Section 119.07(3)(i). Florida Statute | s. I further cer | tify that | the | |

. I do 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:

STATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/97

(813)855-5750