


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

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H79162 (4) 1. Corporation Name LAKE DOOR AND TRIM, INC.					
Principal Place of Business 1589 PINEGROVE ROAD P.O. BOX 1254 EUSTIS FL 32726 US			Mailing Address P.O. BOX 1254 P O BOX 1254 TAVARES FL 32778-1254 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 09/30/1985	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 05/09/1996	
City & State 23		City & State 28		4. FEI Number 59-2579876	
Zip 24		Zip 29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country 25		Country 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent GREEN, BOBBY R. 504 BANNING BCH ROAD TAVARES FL 32778				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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	GREEN, BOBBY R.				
STREET ADDRESS	504 BANNING BCH RD				
CITY-ST-ZIP	TAVARES FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	GREEN, KAREN A.				
STREET ADDRESS	504 BANNING BCH RD				
CITY-ST-ZIP	TAVARES FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	ALLISON, DONALD C.				
STREET ADDRESS	30215 HARRIS DR				
CITY-ST-ZIP	LEESBURG FL				
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					



CR2E034 (9/96)

14. 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:  **BOBBY R. GREEN** 11-11-97 352-589-5511