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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

HERCULES DOOR COMPANY, INC.

FILED Feb 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							E1841 Q1911 C	11914 81911 9191	0 8 94	
405 FENTRESS BLVD. 405 FENTRESS BLVD.										
DAYTONA BEACH FL 32114-8299 DAYTONA BEACH FL 3211						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified				
						12/24/1986				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			oplied For	
21		26				59-2746980		Not Applicable		
Sulte, Apt.	#, etc.	Suito, Apt. #, etc.				5. Certificate of Status Desired	X	•	Additional	
22		27	City & State				<u> </u>		equired	
City & State	в	— ·	28			Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be	
Zip	Country	7ip	o Country			B. This corporation owes or has paid				
24	25	29	30	·		Personal Property Tax due June 30. Yes No				
	9. Name and Address of Curr					10. Name and Address of New Reg	istered A	gent		
VE	ZZA, CARLO		1	81	Name					
405 FENTRESS BLVD				82	Street Addre	Address (P.O. Box Number is Not Acceptable)				
DAYTONA BEACH FL 32114-8299			1	83						
				84	City	and a dead and a second a second and a second a second and a second a second and a second and a second and a		85 Zip	Code	
							<u>FL</u>			
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: Ro					nt signature require	ed when reinstating)	DATE	DIDECTOR	O IN 10	
12.	PD OFFICERS A	DELETE	13. 1.1 TiTt	F		ADDITIONS/CHANGES TO OFFICE		Change	Addition	
NAME	SASTRI, M.S.		1.2 NAM				•			
STREET ADDRESS	405 FENTRESS BLVD.			1.3 STREET ADDRESS						
CITY-ST-ZIP	DAYTONA BCH. FL		1.4 CiT		l					
TITLE	D	DELETE	21 TITL					Change	Addition	
NAME	TOGNELLI, GIORGIO		22 NAME							
STREET ADDRESS	VIA PER CASSINO #19		2.3 STREET ADDRESS		ADDRESS .					
CITY-ST-ZIP	TRIBIANO MILAN, ITALY		2. 4 CIT	2. 4 CITY-ST-ZIP						
TITLE	8	DELETE 31		.F			l	Change	Addition	
NAME	VEZZA, CARLO		3.2 NAME							
STREET ADDRESS	405 FENTRESS BLVD		3.3 STREFT ADDRESS		address					
CITY-ST-ZIP	DAYTONA BEACH FL		3 4. CIT		T - ZIP					
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NAME			4. 2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		☐ DELETE	4.4 CIT		- ZIP		· · · · ·	Change	Addition	
TITLE			5.1 TITE				·	viiaiilik		
NAME OTOSET ADDRESS			5.2 NAM		*DDDCCC					
STREET ADDRESS			5.3 STREET 5.4 CITY - S							
CITY-ST-ZIP TITLE		DELETE	5.4 DIT		1-11		7	Change	Addition	
NAME		_ F114	6.2 NAI						_ `	
STREET ADDRESS			1		ADDRESS					
CITY-ST-ZIP				6.4 CfTY-ST-ZiP						
VIII - UI - EII		20 02 02 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(Continu 110 07/31/i) Florida Statutas I fe		if. that the	infurmation	

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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.