

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J74528 (7)

1. Corporation Name

WEST COAST DOOR SERVICE, INC.



Principal Place of Business

Mailing Address

1815 WEST SYDNEY ROAD
VALRICO FL 33594

1815 WEST SYDNEY ROAD
VALRICO FL 33594

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

3. Date Incorporated or Qualified

05/22/1987

3a. Date of Last Report

03/01/1995

4. FEI Number

59-2810445

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PLYLE, TERRENCE F.
6544 US HWY 41 SOUTH
SUITE 104-B
APOLLO BCH FL 33570

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 of officer or director of registered agent and 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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME CHARLTON, CARL
STREET ADDRESS 1815 W. SYDNEY RD.
CITY-ST-ZIP VALRICO FL

1.2 NAME
1.3 STREET ADDRESS

TITLE STD ☐ DELETE
NAME CHARLTON, CORINNE
STREET ADDRESS 1815 W. SYDNEY RD.
CITY-ST-ZIP VALRICO FL

1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

2.2 NAME
2.3 STREET ADDRESS

NAME ☐ DELETE

2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

3.2 NAME
3.3 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

4.2 NAME
4.3 STREET ADDRESS

NAME ☐ DELETE

4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

5.2 NAME
5.3 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

6.2 NAME
6.3 STREET ADDRESS

NAME ☐ DELETE

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Corinne Charlton CORINNE CHARLTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(813) 654-0703
Daytime Phone #

CR2E034 (12/95)