

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 # J80226

(0)

1. Corporation Name

LOADING DOCK & DOOR SPECIALIST, INC.

Principal Place of Business

2522 LAKE ELLEN LANE
%GREGORY F. BOYER
TAMPA FL 33618

Mailing Address

2522 LAKE ELLEN LANE
%GREGORY F. BOYER
TAMPA FL 33618



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

9. Name and Address of Current Registered Agent

BOYER, GREGORY F.
2522 LAKE ELLEN LANE
TAMPA FL 33618

3. Date Incorporated or Qualified

06/29/1987

3a. Date of Last Report

02/07/1995

4. FEI Number

59-2809112

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

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 officer 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 Registered Agent or Officer or Director (Print Name)

(Print Registered Agent Signature when required)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
VP
RAITANO, ARTHUR E.
STREET ADDRESS
13106 BURNES LAKE DR.
CITY-STATE-ZIP
TAMPA FL

TITLE ☐ DELETE

NAME
PST
RAITANO, REGINA M.
STREET ADDRESS
13106 BURNES LAKE DR.
CITY-STATE-ZIP
TAMPA FL

TITLE ☐ DELETE

NAME
D
FLEXION, INC.
STREET ADDRESS
510 VISTA PARK DR.
CITY-STATE-ZIP
PITTSBURGH PA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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:

Regina M. Raitano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
REGINA M. RAITANO

1/19/96 813/35-2621
Date Date/Time Phone #

CR2E034 (12/95)