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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

(0)

DOCUMENT # J80226 (0) LOADING DOCK & DOOR SPECIALIST, INC.					
Principal Place	e of Business	Mailing Address			
2522 LAKE ELLEN LANE %GREGORY F. BOYER TAMPA FL 33618		2522 LAKE ELLEN LANE %GREGORY F. BOYER TAMPA FL 33618		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
				06/29/1987	
├ <del></del> -	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2809112	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	<del></del>
23	-	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curre	
24	25	29	:0		Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered A	gent
BO'	YER, GREGORY F.		81 Name		
			dress (P.O. Box Number is Not Acceptable)		
TAMPA FL 33618					
			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		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	VP	DELETE	1.1 TITLE		Change Addition
NAME	RAITANO, ARTHUR E.		12 NAME		
STREET ADDRESS	13106 BURNES LAKE DR.		1 3 STREET ADDRESS		ľ
CITY-ST-ZIP	Tampa FL		1.4 CITY - ST - ZIP		1
TITLE	PST	DELETE	2.1 TITLE		Change Addition
NAME	RAITANO, REGINA M.		2.2 NAME		
STREET ADDRESS	13106 BURNES LAKE DR.		2.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL		2 4 CITY-ST-ZIP		
TITLE	D	DELETE	31 TITLE	* , , , , , , , , , , ,	Change Addition
NAME	FLEXION, INC.		3.2 NAME		
STREET ADORESS	510 VISTA PARK DR.		3.3 STREET ADDRESS		
CITY - ST - ZIP	PITTSBURGH PA		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	L	Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		}
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		□ percie	5.1 HILE 5.2 NAME	L	OTKINGE MUUNIUIT
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		-
1					
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME			6.1 HILE		

14. I 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 chapted, or on an attachment with an address.

STREET ADDRESS

**FILED** 

Jan 21 1998 8:00am

Secretary of State