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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
* AMENDED ANNUAL REPORT *

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

DOCUMENT # K29795

1. Corporation Name

RESIDENTIAL GARAGE DOOR OPENERS, INC.

Principal Place of Business	Mailing Address
3529 BETHLEHEM ROAD DOVER, FLORIDA 33527	3529 BETHLEHEM ROAD DOVER, FLORIDA 33527

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8-1-88

3a. Date of Last Report: 1996

2. Principal Place of Business
21 3529 BETHLEHEM ROAD
22 Suite, Apt. #, etc
23 City & State: DOVER, FLA.
24 Zip: 33527 25 Country: U.S.A.

2a. Mailing Address
26 3529 BETHLEHEM ROAD
27 Suite, Apt. #, etc
28 City & State: DOVER, FLA.
29 Zip: 33527 30 Country: U.S.A.

4. FEI Number: 59-2901741 ☐ 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

ANGELO QUIDA
1308 WEST SLIGH AVENUE
TAMPA, FLA. 33604

10. Name and Address of New Registered Agent

81 Name: MARIE J. MCLAWHORN
82 Street Address (P.O. Box Number is Not Acceptable): 3529 BETHLEHEM ROAD
83
84 City: DOVER FL 85 Zip Code: 33527

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: MARIE J. MCLAWHORN (Signature, typed or printed name of registered agent and title if applicable) x Marie J. McLawhorn (NOTE: Registered Agent signature required when reinstating) SEPTEMBER 24, 1996 (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	VICE PRESIDENT ☐ Change ☒ Addition
NAME	DAVID ANZALDUA	12 NAME	MARIE J. MCLAWHORN
STREET ADDRESS	3529 BETHLEHEM ROAD	13 STREET ADDRESS	3529 BETHLEHEM ROAD
CITY-ST-ZIP	DOVER, FLORIDA 33527	14 CITY-ST-ZIP	DOVER, FLORIDA 33527
TITLE	TREASURER	21 TITLE	☐ Change ☐ Addition
NAME	DAVID ANZALDUA	22 NAME	
STREET ADDRESS	3529 BETHLEHEM ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	DOVER, FLORIDA 33527	24 CITY-ST-ZIP	
TITLE	DIRECTOR	31 TITLE	☐ Change ☐ Addition
NAME	DAVID ANZALDUA	32 NAME	
STREET ADDRESS	3529 BETHLEHEM ROAD	33 STREET ADDRESS	400001974384---4 -10/15/96--01152--005 *****61.25 *****61.25
CITY-ST-ZIP	DOVER, FLORIDA 33527	34 CITY-ST-ZIP	
TITLE	SECRETARY	41 TITLE	☐ Change ☐ Addition
NAME	MARIE J. MCLAWHORN	42 NAME	DM 10/14
STREET ADDRESS	3529 BETHLEHEM ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	DOVER, FLORIDA 33527	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: x Marie J. McLawhorn (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 9-24-96 (Date) (813) 659-2056 (Daytime Phone #)

MARIE J. MCLAWHORN, VICE PRESIDENT