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Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K 29795

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

2. Principal Place of Business

2a. Mailing Address

21 3529 BETHLEHEM ROAD

26 3529 BETHLEHEM ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 DOVER, FLA.

28 DOVER, FLA.

Zip

Country

Zip

Country

24 33527

25 U.S.A.

29 33527

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

DAVID ANZALDUA

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

David Anzaldua

April 21, 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VICE PRESIDENT & SEC. ☒ DELETE

NAME MARIE J. McLAHWORN
STREET ADDRESS 3529 BETHLEHEM ROAD
CITY-ST-ZIP DOVER, FLORIDA 33527

TITLE PRESIDENT ☐ DELETE

NAME DAVID ANZALDUA
STREET ADDRESS 3529 BETHLEHEM ROAD
CITY-ST-ZIP DOVER, FLORIDA 33527

TITLE TREASURER ☐ DELETE

NAME DAVID ANZALDUA
STREET ADDRESS 3529 BETHLEHEM ROAD
CITY-ST-ZIP DOVER, FLORIDA 33527

TITLE DIRECTOR ☐ DELETE

NAME DAVID ANZALDUA
STREET ADDRESS 3529 BETHLEHEM ROAD
CITY-ST-ZIP DOVER, FLORIDA 33527

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☒ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I, the undersigned, 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 contained 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, as changed, or on an attachment with an address.

SIGNATURE:

David Anzaldua

(813) 659-2056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)