FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (4) BANKO OVERHEAD DOORS, INC. Mailing Address Principal Place of Business 12800 DUPONT CIRCLE 12800 DUPONT CIRCLE TAMPA FL 33626 TAMPA FL 33626 3. Date incorporated or Qualified 3a. Date of Last Report 02/17/1995 07/11/1989 FEI Number Applied For 2. Principal Place of Business 21 34/3 Facethace Ro. East 26 34/3 Facethace Ro. East
Suite, Apt. #, etc. 59-2960733 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, X Yes 🔲 No Florida Statutes 29 33607 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BANKO, NICK 12800 DUPONT CIR. FRUNTALE **TAMPA FL 33626** Pursuant to the provisions of Sections 607,0502 and 607,1506, Florida Statisties, the above named corporation's sometimes 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 arectors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607,0506, Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporal 4-29-96 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 Change DELETE 1 1 TILLE TITLE 1.2 NAME 3413 FROMPILE RO. EAST BANKO, NICK J NAMÉ 12800 DUPONT CIR. 1.3 STREET ADDRESS STREET ADDRESS F1 33626 14 C/TY - ST - Z/P TAMPA FL CITY - ST - ZIP Addition DELETE 2 1 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY ST-ZIF CitY-ST-ZIP Change ☐ Addition 3 1 T: ILF DELETE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY ST-ZIP CITY-ST-ZIP Addition DELETE 4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 Ci 11 - ST ZIP CITY-S1-ZIP ☐ Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIF CITY - SY - ZIP ☐ Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME 6.3 STREET ADDRESS

6 4 C(TY - S1 - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or suppliencental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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

STREET ADDRESS

SIGNATURE: X

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHTY - ST - ZIP

CR2E034 (12/

4-29-96 (813) 282-9900