FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

L93629

(8)

DOCUMENT # 1. Corporation Name

AFFORDABLE GARAGE DOORS, INC.

ALTOHOROLE GALLAGE DOCTIO, INC.										
Principal Place of Business		Mailing Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
2649 MERCY ORLANDO F		2649 MERCY DRIVE ORLANDO FL 32808								
						3. Date Incorporated or Qualified 08/13/1990	3a. Da	te of Last Rep 04/11/19		
2. Principal Plac	ce of Business	2a. Mailing Address			•	4. FEI Number		<u> </u>	pplied For	_
21		26				59-2957301			ot Applicable	4
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution			to Fees	
— Zip	Country	Zιρ		untry		8. This corporation has liability for Florida Statutes Yes	intangibie No	tax under s	199.032,	
24	25 g. Name and Address of Current	Pagistered Agent	30	,		10. Name and Address of New F		d Agent		-
	g. Name and Address of Current	negistered Agent		81 Nani	e	ID, Italio and Place of them			-	7
HICHE	V DOMAID I CD									_
	ey, donald L., Sr. Iontevello dr.			82 Stree	et Addre	ess (P.O. Box Number is Not Acceptable)				1
	DO FL 32818			83						1
Unin	DO 1 E 02010							11		
				84 City			F	85 Zip	Code	
or registere familiar with SIGNATURE	o the provisions of Sections 607,0502 of agent, or both, in the State of Florid n, and accept the obligations of, Section Signature, bysed or printed name of registered agent is	a. Such change was authorize on 607.0505, Florida Statutes	ed by the	corporation	's board	of directors. I hereby accept the app	DATE	as registered	agent. ram	
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFF	ICERS A		RS IN 12 Addition	⊣ౙ
TITLE	D DELETE			1. 1 TITLE				☐ Change	Mudition	CR2E034 (12/95)
NAME	HUGHEY, DONALD L., SR.			NAME						양
STREET ADDRESS	9187 MONTEVELLO DR.			STREET ADDRES	S					밇
CITY-\$1-ZIP	ORLANDO FL			DITY-ST-ZIP				☐ Change	☐ Addition	⊣5
TITLE	O Hughey, Jayne M	-		2 1 TITLE 22 NAME						1
NAME	9187 MONTEVELLO DR			name Street addres	.					
STREET ADDRESS	ORLANDO FL			STREET ALADRES CITY - ST - ZIP	5					
CITY-ST-ZIP TITLE	OREANDOTE	☐ DELETE		TITLE	 -			Change	☐ Addition	
NAME		C. Descrip		NAME				_		
STREET ADDRESS			1	STREET ADDRÉ	ss					
CITY-ST-ZIP				DITY-ST-ZIP						ļ
TITLE		DELETE		TITLE	_			Change	Addition	7
NAME			421	NAME						
STREET ADDRESS			4.3	STREET ADDRE	ss					
CiTY-ST-ZIP			4.4	CITY - ST - ZIP						_
TITLE		☐ DELETE	5 1	TITLE				Change	☐ Addition	
NAME			5.2	NAME						
STREET ADDRESS			5.3	STREET ADDRE	ss					
CITY-ST-2IP				CITY-ST-ZIP						
TITLE		☐ DELETE	6 1	TITLE				☐ Change	☐ Addition	
NAME			6.2	NAME						
STREFT ADDRESS	•		6.3	STREET ADDRE	ss					
D-TY-ST-ZIP			6.4	CITY - ST - ZIP			07/0//	Florida Cint 1	tan I fi wathar	
14. I do hereb	y certify that the information supplied vertify that the information indicated on this appu	vith this filing is voluntarily furr ial report or supplemental and	hished and hual report	a does not t is t rue and	quality fo Laccura	or the exemption stated in Section 115 te and that my signature shall have th	ə.ur (3)(K), e s ame l e ç	rionoa Statut gal effect as if	f made under	

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and oces not quality for the exemption stated in Section 1 is officed. In this animal report of the corporation indicated on this animal 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER A DARECTO

4-12-96

407-291-2814