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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L93629

(8)

AFFORD	DABLE GARAGE DOORS, IN	NC.		1 (184) BU DE		
Principal Piac	e of Business	Mailing Address				
2649 MERCY DRIVE ORLANDO FL 32808 2649 MERCY DRIVE ORLANDO FL 32808-3856			ı			
				3. Date Incorporated or Qualified	3a. Date of Last Report	
				08/13/1990	04/17/1996	
	Place of Business (MONTENEZZO DR.	2a. Mailing Address	MEVELLO DA	4. FEI Number	Applied For	
21] <i>9/87</i>   Suito, Apt	# ote	26 9/87 /// Suite, Apt #, etc.	HEVELLO DE		Not Applicable  \$8.75 Additional	
22 /14/1	7	27	•	5. Certificate of Status Desired	Fee Required	
City & Stat	ta ,	City & State	Fi	6. Election Campaign Financing	\$5.00 May Be	
23] 328	5.L	28 CRIANDO		Trust Fund Contribution	Added to Fees	
Zip	Country	32818	30 Country	<ul> <li>B. This corporation has liability for Florida Statutes</li> </ul>	or Intangible tax under s. 199.032, ☑ Yes ☐ No	
24	25   9. Name and Address of Curre	nt Registered Agent	130 44	10. Name and Address of New F		
	GHEY, DONALD L., SR.	· · · · · · · · · · · · · · · · · · ·	81 Name		······································	
				dress (P.O. Box Number is Not Accept	ahle)	
ORLANDO FL 32818						
			83			
			84 City		85 Zip Code	
44 [)	102706	00 J CO7 1500 Florida Crob			FL 65 Zip codo	
agent La SIGNATURE	am familiar with, and accept the oblig		lorida Statutes. It: Registered Agent signature re		DATE	
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
TI"LE	D	☐ DELETE	1.1 TITLE		Change Addition	
NAMÉ	HUGHEY, DONALD L., SR.		1.2 NAME			
STREET ADDRESS	9187 MONTEVELLO DR.		1.3 STREET ADDRESS			
CITY - ST - ZIP TITLE	ORLANDO FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition	
NANE	HUGHEY, JAYNE M	_	2.2 NAME		•	
STREET ADDRESS	9187 MONTEVELLO DR		2.3 STREET ADDRESS			
CITY - ST - ZIF	ORLANDO FL		2. 4 CITY-ST-ZIP		1	
THLE		☐ DELETE	3.6 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CHY-\$1-7/F Dille		DELETE	3.4. CHY-ST-ZIP 4.1 TITLE		Change Addition	
NAME		bad beat (t	4. 2 NAME		S.ango monitori	
STREET ADDRESS			4.3 STREET ADDRESS			
CHY-S*-269		·	4.4 CITY - ST - ZIP			
1071.6		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - 7IP		DELETE	5.4 CITY-ST-ZIP		Change Addition	
TIPLE		☐ otreit	6.1 TITLE 6.2 NAME		ET charife ET Yaquinti	
NAME	1					
STHEET ACOURTESS			6.3 STREET ADDRESS			

14. I do 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 suppliemental 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, opporan atjudyment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

4-28-97

**FILED** 

May 15 1997 8:00am

Secretary of State

407-291-2814