FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04289** **(5)**

1. Corporation Name
TOLEDO AUTOMATIC DOOR COMPANY

Principal Place of Business	Mailing Address
~~5353~~ SECOR ROAD TOLEDO OH 43623	~~5353~~ SECOR ROAD TOLEDO OH 43623

5153 5153

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/10/1984	3a. Date of Last Report 04/25/1994

2. Principal Place of Business 21 ~~5353~~ 5153 Secor Rd	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number 34-1199436	☐ 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	10. Name and Address of New Registered Agent
EBEL, GEORGE F., IV **4327 ARNOLD AVENUE** **NAPLES FL 33942**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, Typed or printed name of registered agent and title if applicable (10.B. Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	11 TITLE	CEO S T	☑ Change ☐ Addition
NAME	EBEL, GEORGE F., IV	12 NAME		
STREET ADDRESS	478 TORREY PINES PT.	13 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP		
TITLE	V	21 TITLE	PRES	☑ Change ☐ Addition
NAME	BOLLIN, ROBERT A.	22 NAME		
STREET ADDRESS	5353 SECOR ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	TOLEDO OH	24 CITY-ST-ZIP		
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	SMITH, GREGORY	32 NAME		
STREET ADDRESS	12660 METRO PKWY	33 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	34 CITY-ST-ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	GRUHN, GARY	42 NAME		
STREET ADDRESS	4327 ARNOLD AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP		
TITLE		51 TITLE	V	☐ Change ☑ Addition
NAME		52 NAME	RICK MOULTON	
STREET ADDRESS		53 STREET ADDRESS	11553 US 19 N	
CITY-ST-ZIP		54 CITY-ST-ZIP	CLEARWATER FL 34624	
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)(i), 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 _____ 4/30/95 813-768-3667
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR — Date — Telephone Number

0478339 FP