FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P04289 (5)

1. Corporation Name
TOLEDO AUTOMATIC DOOR COMPANY

Principal Place of Business
~~5183~~ SECOR RD.
TOLEDO OH 43623
US

Mailing Address
~~5353~~ SECOR ROAD
TOLEDO OH 43623

2. Principal Place of Business
21 5153 SECOR RD
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 5153 SECOR RD
Suite Apt #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 12/10/1984
3a. Date of Last Report: 05/01/1995
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
EBEL, GEORGE F., IV
4327 ARNOLD AVENUE
NAPLES FL 33942

10. Name and Address of New Registered Agent
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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	CEO	☐ DELETE
NAME	EBEL, GEORGE F., IV	
STREET ADDRESS	478 TORREY PINES PT.	
CITY-ST-ZIP	NAPLES FL	
TITLE	P	☐ DELETE
NAME	BOLLIN, ROBERT A.	
STREET ADDRESS	~~5353~~ SECOR ROAD	
CITY-ST-ZIP	TOLEDO OH	
TITLE	V	☐ DELETE
NAME	SMITH, GREGORY	
STREET ADDRESS	12660 METRO PKWY	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	V	☐ DELETE
NAME	~~GRUHN, GARY~~	
STREET ADDRESS	4327 ARNOLD AVE.	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	☐ DELETE
NAME	MOULTON, RICK	
STREET ADDRESS	11533 US 19N	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	5153 Secor Rd	
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☑ Change ☐ Addition
4.2 NAME	BRAD TRAWE	5/1/96
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	300001808173	
5.4 CITY-ST-ZIP	-05/06/96--01015--036 ***200.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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 [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2/28/96 941-708-3667
Date Daytime Phone #

CR2E034 (12/95)