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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P08579 (5)
1. Corporation Name
COLUMBUS AUTOMATIC DOOR, INC.

Principal Place of Business
6118 COCA COLA BLVD
COLUMBUS GA 31909

Mailing Address
6118 COCA COLA BLVD
COLUMBUS GA 31909-5589



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1985		3a. Date of Last Report 05/01/1996	
21		26		4. FEI Number 58-1440695		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
6. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

FUNCHES, JAMES
813 DEEDRA AVE.
PENSACOLA FL 32514

81 Name ROBERT HARTZOG
82 Street Address (P.O. Box Number is Not Acceptable)
3985 N. "W" STREET
83 SWITH 24
84 City PENSACOLA FL 85 Zip Code 32505

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 Robert L. Hartzog DATE 4/11/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	CHERRY, JACK	1.2 NAME	
STREET ADDRESS	6924 TRAPPER WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIDLAND GA	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	
NAME	CHERRY, ROBERTA	2.2 NAME	
STREET ADDRESS	6924 TRAPPER WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIDLAND GA	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, 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: Jack M. Cherry, Pres. DATE: 4/11/97 (706) 568-7185

CR2E034 (9/96)