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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P08579

COLUMBUS AUTOMATIC DOOR, INC.

COLOMBOO	,,,,	 000111	•••

May 05, 1999 8:00 am Secretary of State

05-05-1999 90113 024 ***150.00



Mailing Address Principal Place of Business 6118 COCA COLA BLVD 6118 COCA COLA BLVD COLUMBUS GA 31909 COLUMBUS GA 31909 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12<u>/31/198</u>5 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 58-1440695 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Zip Zip Country PNo 30 Personal Property Tax. 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HARTZOG, ROBERT 82 Street Address (P.O. Box Number is Not Acceptable) 3985 N "W" STREET **STE 24** 83 PENSACOLA FL 32505 Zip Code 84 85 City 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 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECT 13. 12. Change DELETE 1.1 TITLE TITLE 1.2 NAME NAME CHERRY, JACK 1.3 STREET ADDRESS STREET ADDRESS 6924 TRAPPER WAY MIDLAND GA 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME CHERRY, ROBERTA NAME 6924 TRAPPER WAY 2.3 STREET ADDRESS STREET ADDRES MIDLAND GA 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition DELETE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 of 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 attactment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)