

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Withman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000015892 (0)

1. Corporation Name:

BOB'S DOOR CONTROL, INC.

Principal Place of Business:

109 W BLOXHAM ST
TALLAHASSEE FL 32301

Mailing Address:

109 W BLOXHAM ST
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 3a. Date of Last Report

02/24/1994

4. FEI Number Applied For
59-3226312 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 tangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business:

21 Suite, Apt. # etc.

22 City & State

24 Zip Country

2a. Mailing Address:

26 Suite, Apt. # etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

SLOTT, ARNOLD H
334 E DUVAL ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 of Registered Agent or Registered Agent in Charge)

(Signature of Registered Agent or Registered Agent in Charge)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRADBERRY, VICTOR A
STREET ADDRESS	7111 N MAIN ST
CITY, ST, ZIP	JACKSONVILLE FL 32208
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), Florida Statutes. I further certify that the information included 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 secretary or treasurer authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, 2, or Block 3 of this report, or in its attachment, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-95 904-765 5669
Date Signature (Typed)