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 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000057352 (4)

1. Corporation Name
FLORIDA PANHANDLE OVERHEAD DOORS, INC.

Principal Place of Business
2115 DOUGLAS
PENSACOLA FL 32504

Mailing Address
2115 DOUGLAS
PENSACOLA FL 32504

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/03/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4430 AVALON BLVD.	26 4430 AVALON BLVD.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MILTON, FLORIDA	City & State 28 MILTON, FLORIDA
Zip 24 32583 / Country 25	Zip 29 32583 / Country 30

4. FEI Number: 59-325 7718 ☐ 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

MARCILLIAT, JOHN MARK
2115 DOUGLAS
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 4430 AVALON BLVD.
83
84 City MILTON FL 85 Zip Code 32583

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 TITLE	☒ Change ☐ Addition
NAME	WILSON, MYRON R	1 NAME	
STREET ADDRESS	% 2115 DOUGLAS	1 STREET ADDRESS	C/O 4430 AVALON BLVD.
CITY-ST-ZIP	PENSACOLA FL 32504	1 CITY-ST-ZIP	MILTON, FLORIDA 32583
TITLE	V	2 TITLE	☒ Change ☐ Addition
NAME	SCHAFER, MICHAEL R	2 NAME	
STREET ADDRESS	% 2115 DOUGLAS	2 STREET ADDRESS	C/O 4430 AVALON BLVD.
CITY-ST-ZIP	PENSACOLA FL 32504	2 CITY-ST-ZIP	MILTON, FLORIDA 32583
TITLE	ST	3 TITLE	☒ Change ☐ Addition
NAME	BROWN, T W	3 NAME	
STREET ADDRESS	% 2115 DOUGLAS	3 STREET ADDRESS	C/O 4430 AVALON BLVD.
CITY-ST-ZIP	PENSACOLA FL 32504	3 CITY-ST-ZIP	MILTON, FLORIDA 32583
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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 119.07(1)(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 [signature] MYRON R. WILSON 4/26/95 904-983-2520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0300016 CP