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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000061265 (2)**

1. Corporation Name
COMMERCIAL DOOR & FRAME SERVICE, INC.

Principal Place of Business	Mailing Address
4512 EDEN WOODS CIRCLE ORLANDO FL 32810	4512 EDEN WOODS CIRCLE ORLANDO FL 32810-2863

3. Date Incorporated or Qualified: 08/15/1994
3a. Date of Last Report: 04/23/1996

2. Principal Place of Business
21 2659 Mercy Drive
22 Suite, Apt. #, etc.
23 City & State: ORLANDO FL
24 Zip: 32804
25 Country: ORANGE

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

4. FEI Number: 59-3281749 ☐ 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

PETERSON, TIM
4512 EDEN WOODS CIRCLE
ORLANDO FL 32810

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	O ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PETERSON, TIM	1.2 NAME	
STREET ADDRESS	4512 EDEN WOODS CIR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810	1.4 CITY-ST-ZIP	
TITLE	VPT ☒ DELETE	2.1 TITLE	TREASURER ☒ Change ☐ Addition
NAME	PETERSON, LORI A	2.2 NAME	Peterson, Lori A.
STREET ADDRESS	4512 EDEN WOODS CIR.	2.3 STREET ADDRESS	4512 Eden Woods Circle
CITY-ST-ZIP	ORLANDO FL 32810	2.4 CITY-ST-ZIP	Orlando, FL 32810
TITLE	☐ DELETE	3.1 TITLE	Vice President ☐ Change ☒ Addition
NAME		3.2 NAME	JERRY Peterson
STREET ADDRESS		3.3 STREET ADDRESS	212 TENNESSEE AVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	St. Cloud, FL 34769
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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: Lori A. Peterson LORI A. PETERSON 4-17-97 407-291-1411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0090234