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

CORPORATION ANNUAL REPORT

1998



HI ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P95000001801 (6) DOCUMENT #

DOOR TRIM, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 300 E. NEW ENGLAND AVE. P.O. BOX 1419 WINTER PARK FL 32790 DO NOT WRITE IN THIS SPACE WINTER PARK FL 32789 3. Date Incorporated or Qualified 01/05/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 59-3289051 Sulte, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zιρ Country 8. This corporation owes or has paid the current year Intangible X Yes 24 ☐ No 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 Name VINES, WAYNE 300 E. NEW ENGLAND AVE. 82 Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 83 City 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 Signature: typed or printed name of registered agent and tile if applicable. (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change VINES, WAYNE 1.2 NAME NAME STREET ADDRESS 300 E NEW ENSLANO AVE 1.3 STREET ADDRESS WINTER PARK FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELFTE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change DELETE ■ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY- S1 - ZIP Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 61TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. I 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 eath; 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.

Mayor Vine

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