FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000036422 (0)**

1. Corporation Name

GARAGE DOOR PROFESSIONALS, INC.

Principal Place of Business	Mailing Address
~~5900 71ST STREET NORTH~~	~~5900 71ST STREET NORTH~~
~~ST. PETERSBURG FL~~	~~ST. PETERSBURG FL~~
3110 95 Drive East	3110 95 Drive East
Parrish, Fl 34219	Parrish, Fl 34219

2. Principal Place of Business	2a. Mailing Address
21 3110 95 Drive East	26 3110 95 Drive East
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Parrish, Florida	City & State 28 Parrish, Florida
Zip 24 34219 — Country 25 Manatee	Zip 29 34219 — Country 30 Manatee

3. Date Incorporated or Qualified: **05/09/1995**
3a. Date of Last Report:
4. FEI Number: 59 3322278 — ☐ 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

BACCARELLA, DOMINIC J
4144 N. ARMENIA AVE., #210
TAMPA FL 33607

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

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BRANCH, THOMAS	
STREET ADDRESS	~~5900 71ST STREET NORTH~~ 3110 95 Drive E	
CITY-ST-ZIP	~~ST. PETERSBURG FL~~ Parrish, Fl 34219	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Sec. & Tres.	☐ Change ☐ Addition
1.2 NAME	Tinamarie Branch	
1.3 STREET ADDRESS	3110 95 Drive East	
1.4 CITY-ST-ZIP	Parrish, Fl 34219	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: TinaMarie Branch — 1/15/96 — 941 776 3667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Tinamarie Branch Sec/Tres.