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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000036422 (0) DOCUMENT

GARAGE DOOR PROFESSIONALS, INC.

Principal Place of Business Mailing Address 8100 PARK BLVD 8100 PARK BLVD BUILDING A. SUITE 40 BLDG A SUI 40 DO NOT WRITE IN THIS SPACE PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 3. Date Incorporated or Qualified 05/09/1995 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-3322278 Not Applicable 21 26 Suite, 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 Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. MY Yes IN No Zip Country 25 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BACCARELLA, DOMINIC J 4144 N. ARMENIA AVE., #210 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33607** City Zip Code 85 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITE F 1.1 TITLE Change Addition Branch, Thomas BRANCH, THOMAS NAME 1.2 NAME 3110 95 DRIVE E STREET ADDRESS 1.3 STREET ADDRESS PARRISH FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE 2.1 TITLE TITLE Branch, Ting M 5949 71 Street N BRANCH, TINA M 2.2 NAME NAME 3110 95 DRIVE EAST 2.3 STREET ADDRESS STREET ADDRESS PARRISH FL 2 4 CITY-ST-7IP CITY - ST - ZIP Addition ■ DELETE 3.1 TITLE Change 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change ___ Addition TITLE 4.1 TITLE 4.2 NAME MARKE 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition S.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP

14. Thereby certify that the information supplied with this filling 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. Tina M. Branch

6.4 CITY-ST-ZIP

FILED

Jan 23 1998 8:00am

Secretary of State

CR2E034