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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90050 009 \*\*\*150.00

1. Corporation Name GARAGE DOOR PROFESSIONALS, INC.  Principal Place of Business B100 PARK BLVD BLDG A SUI 40 BUILDING A. SUITE 40					
PINELLAS PARK FL 33781	PINELLAS PARK FL 33781 US		DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified		
05				05/09/1995	
2. Principal Place of Business	2a. Mailing Address	1.10	10	4, FEI Number	Applied For
217485 71 AVENUE	26 1485	TYVE	nue	59-3322278	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 PICELES Park, FI	City & State	Par	Kifl	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 3.3 781 25 115A	29 3 3 8 3	Countr	SA	This corporation owes the current year     Personal Property Tax.	Intangible ☐ Yes ÆNo
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
BACCARELLA, DOMINIC J 4144 N. ARMENIA AVE., #210 300 TAMPA FL 33607		81	Street Addre	ess (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
		84	) "	F	
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 ager	t and title if applicable. (NOTE: Re	gistered Age	nt signature required	when reinstating) DATE	
12. OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE PD	☐ DELETE	1.1 TITLE	7	h ly Thomas	Change
NAME BRANCH, THOMAS		1.2 NAME	Bre	ancin ori	
STREET ADDRESS 5949 71 STREET N		1.3 STREE	TADDRESS 74	anch Jr. Thomas 85 TI AURILLE	781

ST PETERSBURG FL 33709 1.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 2.1 TITLE ST. V. D TITLE Branch, Tina M BRANCH, TINA M 2.2 NAME NAME 7485 71 Avenue 5949 71 STREET N 2.3 STREET ADDRESS STREET ADDRESS PINCHAS Park, Fl ST PETERSBURG FL 33709 2.4 CITY-ST-ZIP CITY-ST-ZIF DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3,4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE 4.1 TITLE TITLE 4, 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change 511ME TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ╓. Change ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 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, with all other like empowered.

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