

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000068638 (2)

1. Corporation Name

AMERICAN DOOR AND MILLWORK COMPANY

Principal Place of Business

410 CENTRAL PARK DRIVE
SANFORD FL 32771

Mailing Address

410 CENTRAL PARK DRIVE
SANFORD FL 32771



3. Date Incorporated or Qualified

09/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~FLORIDA INC.~~
~~3732 N.W. 16TH STREET X~~
~~FORT LAUDERDALE FL 33311~~

81 Name

H.C. Barton

82 Street Address (P.O. Box Number is Not Acceptable)

1385 SARATOGA LN

83

84 City

Geneva

FL

85

Zip Code

32732

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, if applicable,

(NOTE: Registered Agent signature required when transferring)

4-15-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DIRECTOR
NAME DELLORUSSO, ROBERT G
STREET ADDRESS 410 CENTRAL PARK DRIVE
CITY-STATE-ZIP SANFORD FL 32771

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE DIRECTOR
NAME RON WALLACE
STREET ADDRESS 410 CENTRAL PK DR
CITY-STATE-ZIP SANFORD, FL 32771

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE DIRECTOR
NAME STEVE ROMINGER
STREET ADDRESS 410 CENTRAL PARK DR
CITY-STATE-ZIP SANFORD, FL 32771

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE PRESIDENT
NAME H.C. BARTON
STREET ADDRESS 1385 SARATOGA LN
CITY-STATE-ZIP GENEVA, FL 32732

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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 in an attachment with an address.

SIGNATURE:

H.C. BARTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

Date

407-321-3667

Daytime Phone

CR2E034 (12/95)